

San Mateo County Community College District
Consent for Release of Confidential Information

<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>
<i>G Number</i>	<i>Date of Birth</i>	<i>Other Name</i>

I, the undersigned, hereby consent to and authorize the staff of Skyline College to release the following information to the SparkPoint Center at Skyline College and its respective partners.

I authorize the release of confidential information, which may include one or more of the following records:

- SMCCCD educational records, including academic progress, educational plans
- Photographs for use in newsletters, flyers and promotional material
- Academic and career assessment results
- Financial Aid assistance and / or scholarship awards
- Employment preparation and status
- Post-education planning
- Other (Please specify) _____

In addition, I authorize release of the same records cited above, to any of the persons or organizations listed below for the purpose of supporting my educational goals:

- Community Financial Resources (CFR)
- Employment Development Department (EDD)
- Life on Trak
- Opportunity Fund
- Sage Financial Solutions
- San Mateo County Human Service Agency
- United Way – Bay Area

This authorization shall remain in effect until revoked in writing.

I hereby release and hold harmless all of the persons / organizations designated in this document from any and all liability and claims of any kind, related to the release and sharing of information, as described in the foregoing, provided by any / all of the persons and organizations indicated. This release form has been read and reviewed with me and I understand its content.

Signed: _____

Date: _____

(Student or Customer / Parent / Guardian)