



Release of Information Form

I, _____, give permission to Las Positas College CalWORKs staff to exchange information between both academic and social services agencies to verify my income, eligibility and need for supportive services. The CalWORKs program may share information with other Las Positas College departments such as: Financial Aid, EOPS, CARE, DSPS, General Counseling, and Admissions & Records to discuss my academic progress, performance and attendance. I further give permission for the CalWORKs faculty and staff to discuss my educational situation with other professionals who have a legitimate educational need to know. Additionally, I give permission for the Las Positas College CalWORKs Office to request from or provide to other publicly funded agencies, eligibility information needed to ensure proper use of State/Federal funds.

This consent shall remain in effect during my enrollment or until revoked in writing by the undersigned. This form was read by me (or to me) prior to signing. Anything I did not understand has been explained to me. I may ask for an explanation at any time if I have any questions about how my information is used.

In addition, I authorize the Las Positas College CalWORKs program the right to the items below for which I have signed my initials:

___ I grant the CalWORKs Program at Las Positas College, its representatives and employees the right to use photographs taken of me during CalWORKs events for marketing materials used by the CalWORKs program. I authorize CalWORKs, its assignees and transferees to copyright, use and publish the same in print and/or electronically.

___ I grant the CalWORKs Program at Las Positas College, its representatives and employees the right to use photographs taken of me, which may include photographs of my children, during CalWORKs events for marketing materials used by the CalWORKs program. I authorize CalWORKs, its assignees and transferees to copyright, use and publish the same in print and/or electronically.

___ I agree that the CalWORKs Program at Las Positas College may use my statements and photographs with or without my name and for any lawful purpose, including for example such purposes as publicity, marketing, illustration, advertising, and web content.

___ I, hereby, consent to the use of these photographs and statements without financial compensation.

I have read and understand the above:

Signature: _____ Date: _____

Printed name: _____