



**Release of Information - Program Verification for
Loss of BOG Fee Waiver & Loss of Priority Registration**

Student Name: _____
Last, First Middle

Semester/Year: _____ Student ID: _____

I, the above named student, hereby give permission to verify my participation in the program(s) listed below:

- CalWORKs
- DSPS
- EOPS
- Foster Youth
- Veterans

Student Signature

Date

TO: PETITIONS REVIEW COMMITTEE:

This is to verify that the student named above is an active participant and in good standing in the program(s) listed above.

Comments: (Optional) _____

Program Director/Coordinator/Counselor Signature

Printed Name

Date

Please attach this program verification document to your Reinstatement of Enrollment Priority and/or Loss of BOG Fee Waiver Appeal form.