



Cuyamaca College

CalWORKs S.T.E.P.S Program

RELEASE OF INFORMATION

I hereby authorize the release and exchange of information between the Cuyamaca CalWORKs S.T.E.P.S. Counselor(s), CalWORKs S.T.E.P.S. Staff and any County, State and/or Federal agencies or their representatives regarding my attendance, progress, participation, assessment, cash aid, food stamps, Medi-Cal, monthly reports, QR-7 reports, childcare and any other items relating to my case.

This release of information will allow Cuyamaca CalWORKs S.T.E.P.S Program to successfully work with _____ (print your full name) as needed regarding their education and their 20 or 30 or 35 weekly hours of assigned activities.

المعلومات التي تم اصدارها ستسمح لبرنامج CalWORKs S.T.E.P.S Program في كليه كويماكا العمل وبنجاح مع _____ (طباعة الاسم الكامل) حسب الحاجة فيما يتعلق بالتعليم والساعات المطلوبه (سواء كانت 20 أو 30 أو 35 ساعة أسبوعياً) من الأنشطة المعينة.

Full Name: _____

Signature: _____ Date: _____

Social Security Number (last four digits only): _____ Birth Date: ____/____/____