

Riverside County Department of Public Social Services



■ Last, First, Middle)	
■	■
■ Last, First, Middle)	

I, the undersigned, consent to, and request, the Department of Public Social Services to release information regarding myself to _____ for use in education/vocational

(NAME OF INSTITUTION)

planning and for evaluating my participation in CalWORKs Welfare to Work activity. I authorize the release of information which may include one or more of the following:

- ! Name
- ! Social Security Number
- ! Date of Birth
- ! Address
- ! Telephone Number
- ! Other: _____

I, the undersigned, consent to, and request _____ to release information

(NAME OF INSTITUTION)

regarding myself consistent with the Federal Family Educational Rights and Privacy Act of 1974, or other laws, regulations, or policies to the Department of Public Social Services