



PERMISSION TO RELEASE INFORMATION

PLEASE READ CAREFULLY BEFORE SIGNING

I certify that all the information I have provided is true and correct. I understand the TRIO/SSS staff will use the data provided on these forms to assist in assessing academic needs, and that all of the information will be kept confidential.

I give my permission to the TRIO/SSS staff to review, release, obtain, and/or make copies of all necessary documents to determine my needs and eligibility for the program in order to provide essential services and enhance the effectiveness of the program and/or my success.

To assure my academic success, I give my permission for the TRIO/SSS staff to contact my instructors to determine my progress. The information will be shared with me and used to determine if additional help is needed.

I agree to provide follow up information and to allow LAVC to request future college transcripts after I transfer or graduate.

I give my permission to use photographs, quotes or statements in any publications for Student Support Services.

Signature: _____ Date: _____

Print Name: _____