



**West Hills College Coalinga**  
300 Cherry LN, Coalinga, CA 93210

### Consent to Release Confidential Information

I \_\_\_\_\_, as a participant in the CalWORKS and/or CARE programs, hereby authorize West Hills College to release supportive services information and academic records to:

- Fresno County Department of Social Services
- Kings County Health and Human Services
- Other \_\_\_\_\_.

I further give my permission to the presiding County Agency to release information to West Hills College about my case so that my educational needs can be met.

I understand West Hills College and the presiding County Agency may not release any information about me to anyone else without permission unless otherwise allowed by law.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Case Number

