

CAREER EDUCATION OPTIONS PROGRAM

Agreement for Release of Information

I, _____, hereby authorize parents/guardians, Shoreline Community College personnel, K-12 personnel, governmental and community agency case managers, probation officers, counselors, employers, Washington State Employment Security and _____ to exchange information regarding my personal, educational and employment records and activities as it relates to eligibility and participation in the CEO Program with:

Career Education Options (CEO) Staff
16101 Greenwood Ave. N.
Shoreline, WA 98133-5667
Phone: (206) 546-7844
FAX: (206) 546-5826

I understand my release of information is specifically to the persons or organizations listed above and can be revoked in the future. I also understand that outside of this release the continued confidentiality of my records is protected by law.

Signature _____

Date _____

Witness _____

SHORELINE COMMUNITY COLLEGE
16101 Greenwood Ave. N., Shoreline, WA 98133