



RECORDS RELEASE FORM

TO: _____
(contact person)

(agency name)

(street number and name)

(city, state, zip)

RE: _____
(applicant's name)

(date of birth) (social security number)

I hereby request and authorize you to release to Coastline Community College any medical, psychological, social, vocational, and/or educational testing information you have, or may receive, pertaining to me. I am assured by the college that such information will remain confidential and be used on my behalf toward the effectiveness of my individual program. Please send any billing charges to me at the following address:

(applicant's name)

(address) (city, state, zip)

date student/applicant signature

date signature of parent or guardian*

*Required if student is under 18 years of age or is legal ward of parent or guardian.

PLEASE MAIL RECORDS TO: **Special Programs and Services for the Disabled**
Coastline Community College
1515 Monrovia Avenue
Newport Beach, CA 92663
Phone (714) 241-6214
Fax (714) 431-3602