



RELEASE STATEMENT

FOR PARENT

I hereby request and authorize Coastline Community College to release any medical, psychological, social and/or educational records and testing information and to consult with the following person(s):

MOTHER/STEPMOTHER

Name: _____

Address: _____

Home Phone: _____ Cell Phone _____

Email Address: _____

FATHER/STEPFATHER

Name: _____

Address: _____

Home Phone: _____ Cell Phone _____

Email Address: _____

Signature of Student _____ Date _____



RELEASE STATEMENT

FOR SIBLINGS, FRIENDS, AND FAMILY MEMBERS OTHER THAN PARENTS

I hereby request and authorize Coastline Community College to release any medical, psychological, social and/or educational records and testing information and to consult with the following person(s):

Name/Relationship: _____

Address: _____

Home Phone: _____ Cell Phone _____

Email Address: _____

Name/Relationship: _____

Address: _____

Home Phone: _____ Cell Phone _____

Email Address: _____

Signature of Student _____ Date _____