



Cuyamaca College

CalWORKs S.T.E.P.S Program

RELEASE OF INFORMATION

I hereby authorize the release and exchange of information between the Cuyamaca CalWORKs S.T.E.P.S. Counselor(s), CalWORKs S.T.E.P.S. Staff and any County, State and/or Federal agencies or their representatives regarding my attendance, progress, participation, assessment, cash aid, food stamps, Medi-Cal, monthly reports, QR-7 reports, childcare and any other items relating to my case.

This release of information will allow Cuyamaca CalWORKs S.T.E.P.S Program to successfully work with _____ (print your full name) as needed regarding their education and their 20 or 30 or 35 weekly hours of assigned activities.

Full Name: _____

Signature: _____ Date: _____

Social Security Number (*last four digits only*): _____ Birth Date: ____/____/____