



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. I.E.P.S Program to	
successfully work with	(print your full name) as
needed regarding their education and their 20 or 30 or 3	5 weekly hours of assigned
activities.	
Full Name:	
Signature:	Date:
Social Security Number (last four digits only):B	sirth Date://