



RELEASE STATEMENT

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 parties regarding my progress and performance at Coastline:

Name(s): _____

Relationship: _____

Address: _____

Print Your Name: _____

Signature of Student: _____ Date: _____

Significant Other:* _____ Date: _____

*Required if student is under 18 years of age