



CAREER EDUCATION OPTIONS
Release of Information

I agree to allow Career Education Options to contact authorized personnel such as instructors, social service's counselors, probation officers, parole officers, school district staff, and employers for the purpose of obtaining or exchanging pertinent information which will be used to help me qualify to enroll, or continue in the program.

I agree to allow the Career Education Options to obtain academic records regarding G.E.D. completion information from the Assessment Office at Bellevue College.

I understand that this information will be kept strictly confidential as defined by Bellevue College students' right to privacy guidelines; and that if I want to withdraw this release of information, it is my responsibility to so state in writing to the Career Education Options program manager.

Date: _____

Student's Name (Printed): _____

Student's Signature: _____

If participant is a minor (under 18):

Parent's or legal guardian's signature: _____