



**Sutter County Adult Education**  
**Authorization for Release of Confidential Information**

I, (Print name) \_\_\_\_\_, authorize the staff at Sutter County Adult Education to discuss and/or release information regarding my educational history (my file, attendance, transcripts, etc.) to:

**1.** Name \_\_\_\_\_ Relationship to student \_\_\_\_\_ Phone # \_\_\_\_\_

**2.** Name \_\_\_\_\_ Relationship to student \_\_\_\_\_ Phone # \_\_\_\_\_

**3.** Name \_\_\_\_\_ Relationship to student \_\_\_\_\_ Phone # \_\_\_\_\_

Student's date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Student's Telephone # \_\_\_\_\_

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_