County of Riverside Department of Public Social Services

DOCUMENTATION – SCHOOL ENROLLMENT AND GRADUATION STATUS

TO:

FROM: Choose One
Choose One

Eligibility Technician Name: _____
Phone Number: _____
C-IV Worker ID Number: _____
Case Number: _____
Date: _____

Caregiver:

Please sign below authorizing the school to release information to DPSS. Failure to return the completed form to DPSS by _____ may result in discontinuance of cash aid for the child in your care.

Authorization to release information for:

Student Name: _____ **Student Date of Birth:** _____

I hereby authorize you to release to Riverside County Department of Social Services information concerning the above named students enrollment or school record. I understand that this is an authorization for an unlimited number of releases until, or unless, this consent is revoked in writing.

▶ _____
CAREGIVER'S SIGNATURE

▶ _____
STUDENT'S SIGNATURE (if 18 or over)

THE FOLLOWING SECTION IS COMPLETED BY SCHOOL PERSONNEL

School: Please complete **all** sections below and return to the person authorizing release, or to the DPSS Foster Care office return address listed above.

1. The above named student is enrolled in:

- ☐ Primary School (grades K-8)
- ☐ Secondary School (grades 9 – 12)
- ☐ GED program
- ☐ Vocational/Technical Program/School
- ☐ College/University
- ☐ Student is not currently enrolled

2. Date student enrolled in this program or school: _____

3. Current grade level: _____

4. Expected date student will complete the program, or receive Certificate of Completion, or Diploma: _____

5. Student has graduated or completed program on _____

6. Student is attending, as defined by the school program:
☐ Full Time ☐ Less than full time ☐ Student is not attending

Comments:

PRINT NAME OF SCHOOL EMPLOYEE PROVIDING INFORMATION:	PHONE NUMBER
PRINT TITLE OF SCHOOL EMPLOYEE PROVIDING INFORMATION:	( ) _____-_____ EXT. _____
NAME AND ADDRESS OF SCHOOL	

▶ _____
SIGNATURE

_____
DATE