

# Signature Page

I give permission to the EOPS/CARE/Guiding Light program staff to discuss my educational progress on a “**need to know**” basis. My academic records and other relevant information will be shared with MSJC campus based programs and services. In addition, I authorize MSJC campus based programs and services to discuss my educational progress with EOPS/CARE/Guiding Light on a “**need to know**” basis.

RULES of CONFIDENTIALITY specify that EOPS/CARE/Guiding Light program staff and its counselor(s) are mandated by the State under *Penal Code Section 11164-11174.3* to report known or suspected abuse to the proper authorities. Everything you say in EOPS/CARE/Guiding Light will remain confidential except for when the following items apply, in which case, EOPS/CARE/Guiding Light and its staff are required to report to the appropriate authorities:

- 1) **Threat of Suicide or Homicide**
- 2) **Child, Adult, or Elder Abuse**
- 3) **Court Order Subpoena**

By signing below, I have read and understand that the EOPS/CARE/Guiding Light program staff will share my academic records and other relevant information with other MSJC campus based programs and services as necessary and MSJC campus based programs and services may also share information in support of my academic success. EOPS/CARE/Guiding Light program staff are required to report known or suspected threats or abuse to proper authorities immediately.

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Print Student Name	Student’s Signature	Student ID#
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EOPS/CARE staff signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Public Information Release Form

This form will serve as record of your permission for EOPS/CARE/Guiding Light to use your name, honor roll statistics, and photographs on public information projects such as EOPS/CARE/Guiding Light brochures, program newsletters, etc., at the discretion of the EOPS/CARE Director.

This release will be kept in the student’s EOPS/CARE/Guiding Light student file at Mt. San Jacinto College District until student exits/completes the program. This information is only used for the purposes stated above. If you have questions about this form or anything mentioned on this form, please contact the EOPS/CARE/Guiding Light programs at 951-487-3295.

- Yes**, I give the EOPS/CARE/Guiding Light program permission to use my name and/or pictures for program promotions.
- No**, I do not give the EOPS/CARE/Guiding Light program permission to use my name and/or pictures for program promotions.

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Print Student Name	Student Signature	Date
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EOPS/CARE staff signature: \_\_\_\_\_ Date: \_\_\_\_\_