



**College Assistance Migrant Program
Parent/Guardian Information Release Form**

Student's Name: _____
 First Middle Last

Date of Birth: _____
 Month Day year

Parent/Guardian: _____
 First Middle Last

Parent/Guardian Date of Birth: _____
 Month Day Year

I, _____ the parent/guardian
 Parent's Name
of _____, have been informed of the Family Educational
 Student's Name
Rights and Privacy Act, the procedures of Arizona Western College and the Arizona Department of Migrant Education regarding the need for my consent to release Migrant Program student information contained in the State's National Certificate of Eligibility (COE). I hereby grant my permission to

Name of School District

And/or the Arizona Migrant Education Statewide Services Office to release the COE on the student Listed above to the Arizona Western College where the student intends to enroll.

Print Name: _____
 First Middle Last

Signature _____
Date Signed

Relationship to Student