



# Release of Information to Campus-Based Foster Youth Support Programs

I, \_\_\_\_\_, the undersigned, hereby authorize and request that the following information be released and disclosed to the colleges listed below for the purposes of referring to campus-based foster youth support programs (i.e. NextUp, Guardian Scholars). These programs provide supports and resources to students with experience in foster care to help them succeed in college.

**Youth's Legal Name:** \_\_\_\_\_

**Youth's Lived (Preferred) Name:** \_\_\_\_\_

**Youth's Preferred Pronouns:** \_\_\_\_\_

**Youth's Cell Phone Number:** \_\_\_\_\_

**Youth's Email Address:** \_\_\_\_\_

**Youth's preferred form of contact (check all that apply):**  Email  Call  Text

**College(s) authorized to receive the youth's information:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Is the youth 18 years of age or older?**  Yes  No

I understand that I may revoke this consent at any time by notifying my social worker or ILP Coordinator in writing. Revoking my consent means that the Los Angeles County Department of Children and Family Services (DCFS) will no longer provide my information to the college(s) indicated above. I understand that this does not prevent me from contacting the colleges on my own. I acknowledge that I have read this consent and understand its contents.

**Youth's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Adult Signature (only required if the youth is under the age of 18):**

**Date:** \_\_\_\_\_

**Relationship to Youth:**  Mother  Father  Legal Guardian  Education Rights Holder  
 Caregiver  STRTP Provider  Bench Officer  Guardian Ad Litem  ILP Coordinator/CSW