



Submit in-person or mail to:

Chabot College

Office of Admissions & Records, Bldg. 700

25555 Hesperian Boulevard • Hayward, California 94545

Student's Name: _____ Chabot Student ID #: _____

RELEASE OF PERSONAL INFORMATION

Attention Student: The Family Rights and Privacy Act require that most information about your attendance, grades, and behavior at the College cannot be provided to anyone without your written consent. By signing this form, you are giving Chabot College permission to release information about you to your parent or guardian.

Please release the following information to my parent(s) or guardian named below:

- Any and all personal information on record.
- Grades and attendance information only.
- Behavior/Disciplinary status only

Parent(s) or Guardian Name:

Student's Signature: _____ Date: _____

EMERGENCY CONTACTS

In case of an emergency, please notify:

NAME	RELATIONSHIP	PHONE NUMER	BUSINESS PHONE	CELL PHONE

Parent or Guardian signature _____ Date _____