

**CAREER LINKS**  
**RELEASE OF INFORMATION**  
***PERSONNEL WITHIN HOWARD COMMUNITY COLLEGE***

As a participant of the CAREER LINKS Program, I give permission to the CAREER LINKS Program Coordinator and HCC personnel to collaborate, obtain or provide information relevant to the CAREER LINKS program. The HCC personnel who may share information about me includes: Admissions, Financial Aid, Registration, Business Office, Academic Advising, Job Assistance, Co-op, Student Support Services, as well as faculty members. I understand that information will be shared only with the purpose of ensuring that I am receiving the services I am entitled to.

\_\_\_\_\_  
(Applicants Signature)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
(Signature of Parent/Guardian if client is under age 18)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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***FOR PERSONNEL OUTSIDE OF HOWARD COMMUNITY COLLEGE***

I give my permission for the CAREER LINKS Program Coordinator to speak with personnel at agencies such as Community Action, Grassroots, Health Department, Department of Social Services, Legal Aid, Success in Style, the Department of Housing, and other community agencies as needed to obtain information about the agency and to make referrals for services to benefit me:

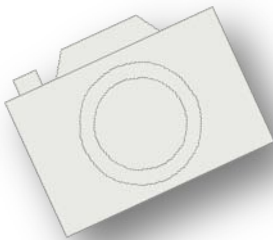
\_\_\_\_\_  
(Applicants Signature)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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***PHOTO CONSENT FORM***  
***May We Take Your Picture?***

*I give my permission to Howard Community College and its representatives to photograph me and use the photos in publications (catalog, class schedules, brochures, and newsletters), multimedia displays such as slide shows, photo collages, etc, and other promotional projects.*



\_\_\_\_\_  
(Applicants Signature)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_