



**WOODLAND COMMUNITY COLLEGE**  
**Department of Supportive Programs and Services (DSPS)**  
 2300 East Gibson Road, Building 700, Room 764, Woodland, CA 95776  
**Phone:** (530) 661-5797 **Fax:** (530) 661-5788 **Email:** [wccdsps@yccd.edu](mailto:wccdsps@yccd.edu)



## Consent for Disclosure to Parents

_____ Student Last Name	_____ First	_____ Student ID
_____ Street Address	_____ City	_____ State
_____ Phone	_____ Email	_____ ZIP
		_____ DOB (MM/DD/YY)

**I consent to the disclosure of information from my educational records to my parent/guardian for reasons determined as appropriate by the DSPS of WCC.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Parent/Guardian 1**

_____ Last Name	_____ First	_____ Phone Number
_____ Street Address	_____ City	_____ State
		_____ ZIP

**Parent/Guardian 2**

_____ Last Name	_____ First	_____ Phone Number
_____ Street Address	_____ City	_____ State
		_____ ZIP