

Confidential

Career Point College Release of Personal Information Waiver

Employee ID (If applicable): _____

Name: _____
Last First Middle

Address: _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Email: _____

I hereby authorize the following designated office or person of Career Point College to receive the following personal information about me:

Designated Person: Alma Vasquez

Information to be released:

This information may be released to the following institution/individual:

Carol Kendall –Compliance Officer

Kim Murguia School Director

Note: This waiver is in effect for one year from the date of the request.

Signature: _____ Date: _____

Mail, FAX or deliver the completed form to the designated office or person. You must also include a valid picture ID such as Driver's License, Passport, State ID, or Military ID.

Mailing Address: Career Point College
599 Spencer Lane
San Antonio, Texas 78201
Fax Telephone Number: 210-732-3000

The personal information collected on this form will be used for the purpose of processing your request to share your personal information as instructed above. The personal information collected on this form will be kept confidential. If you have any questions about the collection and use of this information, contact the designated Department.