

SAN DIEGO CITY COLLEGE

Off-Campus Programs

Naval Base San Diego Classes Consent to Share Confidential Information

Please provide the following information that will be shared with the Military solely for the purpose of providing clearance to access the base.

Last Name: _____ First Name: _____ Middle Initial: _____

CSID: _____ Phone #: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Driver's License or State ID #: _____ State Issued: _____

License Plate #: _____ Owner of Vehicle: _____

Make/Model of Vehicle: _____ Year/Color of Vehicle: _____

Course: _____ CRN: _____

CONSENT AND SIGNATURE

By signing and dating below, I consent to SDCCD sharing my information with the Military. I understand that consenting to sharing of this information is essential for my enrollment and participation in the class onboard Naval Base San Diego.

Signature

Date

