



OXNARD COLLEGE

CalWORKs Program Application

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Furthermore, I understand that any testimonial statement as outlined by myself below and made on behalf of the Oxnard College CalWORKs department may be used in connection with publicizing and promoting the department. I authorize the Oxnard College CalWORKs department to use my name, brief biographical information, and the testimonial statement as defined on this form. I hereby consent to and authorize the use of said statement by Oxnard College CalWORKs department to copy, exhibit, publish, and/or distribute the testimonial for the purpose of publicizing the Oxnard College CalWORKs program or for any other lawful purpose. These statements may be used in printed publications, multimedia presentations, on websites, or in any other distribution media.

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Testimonial Statement:

For More Information, Comments, or Inquiries email occalworks@vcccd.edu or call 805-687-5887.

Last Name, First Name

Student ID

Signature

Date