



AUTHORIZATION TO RELEASE INFORMATION

PERSON AUTHORIZING RELEASE OF INFORMATION
Parent Former Student Guardian Pickup Mail
PRINT NAME OF PERSON AUTHORIZING RELEASE OF INFORMATION DAYTIME TELEPHONE NUMBER
CURRENT ADDRESS OF PERSON (NUMBER, STREET, APARTMENT NUMBER, CITY, ZIP CODE)

I hereby authorize and request the release of the following information:
Cumulative Record Transcript Copy of Diploma Original Diploma
To Be Released To NAME OF ORGANIZATION OR AGENCY NAME OF PERSON
ADDRESS OF ORGANIZATION OR AGENCY (NUMBER, STREET, APARTMENT NUMBER, CITY, ZIP CODE)
BIRTHDATE OF STUDENT PRINT NAME OF STUDENT (LAST, FIRST, MIDDLE) ALSO KNOWN AS (LAST, FIRST, MIDDLE)
JUVENILE COURT SCHOOL LAST ATTENDED DATE RELEASED (MONTH/DAY/YEAR)

The organization or agency understands and certifies that they will not transmit the information received to any other person or agency without my consent.

SIGNATURE OF PARENT/GUARDIAN/ADULT STUDENT/OTHER DATE SIGNED

RETURN FORM TO: STUDENT RECORDS SECTION
Education Center
9300 Imperial Highway
Downey, CA 90242-2890



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