

Serving Students • Supporting Communities • Leading Educators

ALITHORIZATION TO BELEASE INFORMATION

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PERSON AUTHORIZING RELEAS Parent	SE OF INFORMATION Former Student	Guardian	Pickup	Mail
	ORIZING RELEASE OF INFORMATION	-	DAYTIME TELEPHONE NU	MBER
CURRENT ADDRESS OF PERSO	ON (NUMBER, STREET, APARTMENT NUI	MBER, CITY, ZIP CODE)	()	
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Cumulative Record	request the release of the form	Copy of Di	ploma Ori	ginal Diploma
To Be Released To	NAME OF ORGANIZATION OR AGE	ENCY	NAME OF PERSON	
ADDRESS OF ORGANIZATION C	 PR AGENCY (NUMBER, STREET, APARTM	MENT NUMBER, CITY, ZIP CODE)		
BIRTHDATE OF STUDENT	PRINT NAME OF STUDENT (LAST, FIR	ST, MIDDLE)	ALSO KNOWN AS (LAST, F	IRST, MIDDLE)
JUVENILE COURT SCHOOL LAS	T ATTENDED			DATE RELEASED (MONTH/DAY/YEAR)
The organization or a	gency understands and c	ertifies that they will n	ot transmit the informat	ion received to any other person
or agency without my	consent.			
SIGNATURE OF PARENT/GUARE	DIAN/ADULT STUDENT/OTHER			DATE SIGNED
Los Angeles Office of Edu Serving Students • Supporting Com	County Ication munities • Leading Educators AUTHORIZA	Divisio	Educat 9300 Ir Downe	ENT RECORDS SECTION ion Center nperial Highway y, CA 90242-2890 ns - JCS & Special Education
Parent	Former Student	Guardian	Pickup	Mail
PRINT NAME OF PERSON AUTH	ORIZING RELEASE OF INFORMATION		DAYTIME TELEPHONE NU	MBER
CURRENT ADDRESS OF PERSO	ON (NUMBER, STREET, APARTMENT NUI	MBER, CITY, ZIP CODE)	,	
I hereby authorize and	request the release of the fo	ollowing information:		
Cumulative Record	Transcript	Copy of Di	ploma Ori	ginal Diploma
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SIGNATURE OF PARENT/GUARE	/ consent. DIAN/ADULT STUDENT/OTHER		ot transmit the informat	ion received to any other person

RETURN FORM TO: STUDENT RECORDS SECTION Education Center

9300 Imperial Highway Downey, CA 90242-2890