Los Angeles County Office of Education

Serving Students ▪ Supporting Communities ▪ Leading Educators

Division of Student Programs

AUTHORIZATION TO RELEASE INFORMATION

PERSON AUTHORIZING RELEASE OF INFORMATION ☐ Parent ☐ Former Student ☐ Guardian	☐ Pickup ☐ Mail/Email
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 if available ☐

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)
SCHOOL LAST ATTENDED		YEAR(s) ATTENDED OR GRADUATED

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

Form No. 307-009 Rev. 02/23/2016

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