Transcript Release Form



10:	0.1.1	<u></u>
	School	
	Address	
RE:		
KL.	Name of Student	
	Birthday	
	Zimany	
Authori	ization is hereby given those copies of the school recor	ds of the above-named student be
sent to:		
	or School	
	ast Howard Street na, CA. 91104	
rasauei	ia, CA. 91104	
Please s	send transcripts from the current year and the two previous	ous years.
Please give this form to the school in which you are currently enrolled.		
T Touse 8	5170 tims form to the sensor in which you are currently	omoned.
G: .		
Signature of	f Parent or Guardian Date	

Tel: (626)398-2388

Fax: (626)398-2454