

Lompoc Unified School District

REQUEST FOR **STUDENT ENROLLMENT PROFILE**
FOR TAX PURPOSES ONLY*

Today's Date: _____

Student's Name: _____

First Name

Middle Name

Last Name

Date of Birth: _____ Place of Birth: _____

City/State or Country

Student's Current School: _____

Student's Current Grade: _____

Name of Parent or Legal Guardian _____

Student's Name: _____

First Name

Middle Name

Last Name

Date of Birth: _____ Place of Birth: _____

City/State or Country

Student's Current School: _____

Student's Current Grade: _____

Name of Parent or Legal Guardian _____

CONSENT FOR RELEASE OF INFORMATION

I hereby authorize the **Lompoc Unified School District** to release enrollment history, parent/guardian/contact information, and my child's picture to myself to the address listed below.

Parent/Guardian Signature _____

Address _____

Telephone _____

*There is no charge for this service. PLEASE ALLOW 2 BUSINESS DAYS TO PROCESS YOUR REQUEST.

Student Records
Lompoc Unified School District
Post Office Box 8000
Lompoc, CA 93438-8000

Phone: (805) 742-3297

Fax: (805) 736-4620