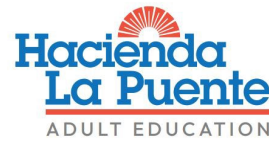




HACIENDA LA PUENTE UNIFIED SCHOOL DISTRICT
ADULT AND CONTINUING EDUCATION



DR. ALFONSO JIMENEZ
Superintendent

WILLOW CAMPUS

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ELBIA SARABIA
Director of Adult Academics & Community
Education

Dr. GREGORY BUCKNER
Executive Director, Adult Education

P. MICAH GOINS
Director, Career & Technical Education

AUTHORIZATON TO RELEASE RECORDS

*STUDENT'S NAME _____ *MAIDEN NAME _____

*ADDRESS _____ *CITY _____ *STATE _____

*ZIP CODE _____ *PHONE # _____ *BIRTHDATE _____

E-MAIL

ADDRESS _____

*WHAT CLASSES DID YOU TAKE? HIGH SCHOOL _____ GED (BEFORE 1990) _____ VOCATIONAL _____

Examinees that tested on or after 1990 can request transcripts from the GED Testing Service website at www.gedtestingservice.com

DID YOU EARN A HIGH SCHOOL DIPLOMA AT THE ADULT SCHOOL? YES _____ NO _____

*WHAT YEAR(S) DID YOU ATTEND? _____

*WERE YOU INCARCERATED AT THE TIME? _____ WHAT FACILITY? _____

*I DESIRE THE ABOVE RECORDS TO BE RELEASED/MAILED TO:

NAME / SCHOOL / ORGANIZATION _____
ADDRESS _____

CITY / STATE / ZIP _____

I HEREBY AUTHORIZE: HACIENDA LA PUENTE ADULT EDUCATION, 14101 E. NELSON AVE. LA PUENTE, CA 91746 TO
RELEASE A COPY OF AN OFFICIAL CUMULATIVE RECORDS/GED TEST SCORES TO THE ABOVE

*STUDENT'S SIGNATURE _____ DATE _____

I AM ENCLOSING _____. COST PER TRANSCRIPT = \$5.00 EACH (NO PERSONAL CHECKS).

* Please include a copy of your valid identification card.

(OFFICE USE ONLY)

ID. VERIFICATION _____ DATE RECEIVED _____

DATE SENT _____ DATE HAND CARRIED _____

*Required

Mission Statement:

Hacienda La Puente Adult Education provides a comprehensive educational and career training program that helps a diverse population achieve their goals.