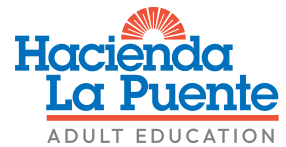




HACIENDA LA PUENTE UNIFIED SCHOOL DISTRICT
ADULT AND CONTINUING EDUCATION



DR. ALFONSO JIMENEZ
Superintendent

WILLOW CAMPUS

14101 E. NELSON AVE.
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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) \_\_\_\_\_ VOC.ATIONAL \_\_\_\_\_

Examinees that tested on or after 1990 can request transcripts from the GED Testing Service website at www.gedtesting.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.
9/14/20