



Permission to Release Archived ROP Student Information

Attn: Lydia Campos
Email: lydia@sdcoe.net
Phone: 858-292-3848

Student: Last Name First Name MI

Other name used (if any)

Birth Date: Telephone #

Address:

City/ST Zip Code:

ROP Class: Year(s):

School District attended:

I hereby give permission to the Supervisor of Admissions & Records to release the following information (initial as applicable:)

Enrollment/Attendance Records*
Other Specify

This information may be release to:

Specify person and/or agency

Address

Note: This information may not be transmitted to any other person or agency without student and/or parents' consent. As used herein, parent means a natural parent, and adopted parent, or legal guardian. If parents are divorced or legally separated, only the parent having legal custody of the student may consent to release information to the persons specified herein.

Signature of Student: Date

Signature of Parent/Guardian: If student is under 18 Date

*Effective June 30, 2014, duplicate certificates are no longer issued, records will only be issued in form of a transcript.