

Salinas Adult School
20 Sherwood Place
Salinas, CA 93906
(831) 796-6908 / 6905

RELEASE OF INFORMATION

I give the Salinas Adult School registrar my consent to release copies of my student records, including my attendance records as requested below.

REQUESTED BY: (Please print clearly)

Name: _____

Name while attending school if different from above:

Dates you attended the Salinas Adult School:

From: Month _____ Year _____ To: Month _____ Year _____

Your **DATE OF BIRTH:** (month/day/year) _____ / _____ / _____

Your **current PHONE NUMBER:** _____

Your signature: _____ Date: _____

REQUEST FOR QTY:

_____ SEALED OFFICIAL TRANSCRIPT (S) Years Attended: _____

_____ ATTENDANCE VERIFICATION

For these dates: _____ / _____ 2011 to _____ / _____ / 2011

Mail sealed copy of my transcripts to:

Institution: _____

Address: _____

City: _____ State: _____ ZIP: _____

FAX my official transcripts to:

Institution: _____

FAX NUMBER: (_____) _____ - _____

I will *pick up*

<p>FEES: \$5 for sealed official transcript \$3 for unsealed, unofficial transcript</p> <ul style="list-style-type: none">• Payable when requested.• Cash, money order or check. <p><i>If paying with cash please have exact change.</i></p>
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