



**COMPTON UNIFIED SCHOOL DISTRICT
Pupil Records Department**

Authorization to Release Student Records

This form was created in accordance with Senate Bill (SB) 1845 and Public Law (PL) 93-330, and CUSD Board Policy (BP) 5125.

Date: _____

Student Information

First Name: _____ Last Name: _____ Middle Name: _____

Maiden Name: _____ CUSD ID or State ID#: _____

If you have changed your name since attending a CUSD school, other than through marriage, please send a copy of the legal document(s) showing both your former name and new name. Your request will not be processed without this required documentation. A legal document may be a copy of Naturalization Certificate (copy of both sides) or Court document indicating the name change.

Home Phone #:() - Cell Phone#:() - Email: @

I authorize and request the Compton Unified School District (CUSD) to release school information, including school records pertaining to my courses, grades, attendance, and any psychiatric, social, or scholastic evaluations, including special education evaluations and testing regarding the student named above to:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Student Signature: _____ Date Signed: _____

I confirm that I am the student whose transcript is requested by this form. This signature authorizes the release of records.

NOTE:
Please include a copy of valid photo identification of the requesting student. The only forms of acceptable identification by the Compton Unified School District, Pupil Records Department are, any State Department of Motor Vehicle Identification Card or Drivers' License, or Passport. Request will not be process without a proper identification submitted.

Pupil Records Department
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