

Authorized Release Form

I, (name) _____, here by authorize,

(name of school, city, and state) _____

to release student records including transcripts and/or CUM files for, (student's name)

_____ to Allied National High School.

Allied National High School

Atten: Student Services

22981 Alcalde Drive

Laguna Hills, CA. 92653

(800)968-4034 tel

(949)707-5743 fax

(Please fax unofficial and mail official to address above as soon as possible. Thank you)

Student's name (last, first, middle) _____

Student's signature _____

Student's age _____ Student's Birth date: _____ Gender: M F

Home mailing address _____

Home Telephone (_____) _____ Cell Phone (_____) _____

School (name, city, state) _____

School Phone (_____) _____ Date Attended _____ / _____
Year Enter / Year Exit

Parent's name (last, first, middle) _____

Parent's signature _____



ALLIED
NATIONAL
HIGH SCHOOL



Allied National High School is an accredited member of the DETC, WASC and NCA.