



Request for Student Records

DUE DATE: FEBRUARY 1, 2019

**SAN GABRIEL
MISSION**
HIGH SCHOOL

Applicant, please present this form to the school where you currently attend.

Applicant Name: _____ **Date of Birth:** ___/___/___
First Last

School Providing Requested Records:

School Name: _____

School Address: _____

City: _____ State: _____ Zip Code: _____

School Phone Number: (_____) _____ - _____

My student has applied for admission to San Gabriel Mission High School. In accordance with the Family Educational Rights and Privacy Acts of 1974 and California State Law, I hereby authorize the release of all requested records to the San Gabriel Mission High School.

Please send school records and information including academic, discipline, attendance, and health records of the student.

Parent Name (*print*): _____

Home Address: _____

Signature of Parent/Guardian: _____ Date: _____

Please send the above requested records for this student to:

Admissions Office
San Gabriel Mission High School
254 S. Santa Anita Street
San Gabriel, CA 91776
Fax (626) 282-4209