



# HACIENDA LA PUENTE UNIFIED SCHOOL DISTRICT ADULT AND CONTINUING EDUCATION

**CYNTHIA PARULAN-COLFER**  
Superintendent

**COUNSELING OFFICE**

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**ELBIA SARABIA**  
Director of Adult Academics &  
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**ELENA PAUL**  
Executive Director of Adult &  
Continuing Education

## AUTHORIZATON TO RELEASE RECORDS

\*STUDENT'S NAME \_\_\_\_\_ MAIDEN NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP \_\_\_\_\_ PHONE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ SOC. SEC. \_\_\_\_\_

WHAT CLASSES DID YOU TAKE? HIGH SCHOOL \_\_\_\_\_ GED \_\_\_\_\_

DID YOU EARN A HIGH SCHOOL DIPLOMA AT THE ADULT SCHOOL? YES \_\_\_\_\_ NO \_\_\_\_\_

\*WHAT YEAR(S) DID YOU ATTEND? \_\_\_\_\_

\*WERE YOU INCARCERATED AT THE TIME? \_\_\_\_\_ WHAT FACILITY? \_\_\_\_\_

\*I DESIRE THE ABOVE RECORDS TO BE MAILED TO:

NAME / SCHOOL / ORGANIZATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY / STATE / ZIP \_\_\_\_\_

I HEREBY AUTHORIZE: HACIENDA LA PUENTE ADULT EDUCATION  
14101 E. NELSON AVE. LA PUENTE, CA 91746

TO RELEASE A COPY OF AN OFFICIAL CUMULATIVE RECORDS/GED TEST SCORES TO THE ABOVE

\*STUDENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I AM ENCLOSING \_\_\_\_\_ FOR COST OF \$5.00 PER TRANSCRIPT. (NO PERSONAL CHECKS)

**\* Please include a copy of your valid identification card.**

(OFFICE USE ONLY)

ID. VERIFICATION \_\_\_\_\_

DATE SENT \_\_\_\_\_

DATE HAND CARRIED \_\_\_\_\_

**\*Required**

Mission Statement

*Hacienda La Puente Adult Education provides a comprehensive educational and career training program that helps a diverse population achieve their goals.*