



Los Angeles Valley College
5800 Fulton Avenue
Valley Glen, CA 91401

Tel. (818) 938-8418
Fax (818) 947-2950

**LAVC DUAL ENROLLMENT
PERMISSION TO RELEASE INFORMATION
2023-2024**

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Last Name First Name MI

LACCD ID Number

Please release information to:

Last Name First Name MI

Last Name First Name MI

_____ I hereby authorize Los Angeles Valley College to release information concerning my student records including but not limited to academic progress, final grades, enrollment status, and conduct to the person(s) listed above for the 2023-2024 school year. The purpose of this disclosure of my record is so that family member(s) or legal guardian(s) can assist in navigating my college experience.

Student's Signature

Date



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