



## La Puente Valley Regional Occupational Program Student Record Request Form

- Verification Letter \$5  
 Certificate Reprint \$10  
 Transcript \$5

### Student Information:

Name (at the time of course completion): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

### Class Information:

Class Name: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Teacher: \_\_\_\_\_

In accordance with the Family Education Rights and Privacy Act (FERPA) I hereby authorize La Puente Valley ROP to release my education records: \_\_\_\_\_ Date: \_\_\_\_\_

Submit Request to: La Puente Valley ROP, PO Box 970  
La Puente, CA 91747  
Fax 626.581.9107  
Email: [thinojosa@lpvrop.org](mailto:thinojosa@lpvrop.org)

Please allow 5-7 business days to process. No checks or credit cards accepted. Money orders payable to La Puente Valley ROP.