



Foothill High School

Authorization for Student Withdrawal and Records Release

Student Information

Student Name _____ ID# _____

Date of Birth _____ Grade _____ Telephone # _____

New Address:

Street Address _____ Apt # _____

City _____ State _____ Zip _____

Next School:

Name _____ Telephone # _____

Address _____

Reason for Withdrawal:

Records Release

I, _____, authorize Foothill High School to release all educational and health records for the above named student, to the requesting school or district.

Parent/Guardian Signature

Date

Obligations Clearance

Library: _____

Student Store: _____

Athletic Equip: _____

Verified: _____

Please request records from: **Foothill High School - Registrar**

19251 Dodge Ave. Santa Ana, CA 92705
Tel: (714) 730-7464 Fax: (714) 665-8823