

LOS ANGELES UNIFIED SCHOOL DISTRICT PARENT/STUDENT HANDBOOK - 2018-2019

INFORMATION RELEASE FORM

Under Federal and State law, school districts may share student directory information with authorized individuals, organizations and/or officials. Pursuant to California Education Code section 49073, LAUSD has identified the categories of information listed below as directory information that may be released to the officials and organizations named below. Parents of students 17 years or younger and adult students 18 years or older may request the school principal limit the release of directory information or not release directory information at all. The request to withhold the student directory information is applicable only to the current school year.

Additionally, pursuant to California Education Code Section 69432.9, each grade 12 student will be deemed a Cal Grant applicant, unless the student is opted out. For seniors who have not opted out, school districts are required to submit their grade point averages (GPAs) to the California Student Aid Commission (CSAC) for the purpose of determining Cal Grant eligibility and making appropriate financial aid awards for college. Without the GPA information verified by the school district, CSAC will not be able to determine your child's eligibility. Seniors who are 18 years of age or parents/guardians of seniors under 18 years of age may opt out of being automatically deemed a Cal Grant applicant.

PLEASE READ AND COMPLETE THE INFORMATION RELEASE FORM BELOW AND RETURN IT TO YOUR SCHOOL PRINCIPAL LINESS THIS FORM IS RETURNED. YOUR CHILD'S INFORMATION MAY BE RELEASED AS INDICATED.

PRINCIPAL. UNLESS THIS FORM IS RETURNED	, YOUR CHILD'S I	NFORMATION MAY BE RELEAS	SED AS INDICATEL
COMPLETE, SIGN AND RET	TURN THIS PORTION TO	YOUR CHILD'S SCHOOL	
LOS ANGELES UNIFIED SCHOOL DIRECTORY AND GF		2019 PARENT/STUDENT HANDB	
SCHOOL NAME:		DATE:	
STUDENT NAME: (Please Print)		Date of Birth:	Grade:
Address:		City:	
Zip Code:		Telephone Number:	
I do not wish to have any directory infor I request to withhold the directory inform	OR		DO NOT RELEASE
ELECTED OFFICIALS	1. Name	9	
L.A.COUNTY DEPT OF CHILD AND FAMILY SERVICES	2. Addr		
L.A.COUNTY DEPT OF HEALTH RELATED SERVICES		of Birth	
L.A.COUNTY DEPT OF MENTAL HEALTH L.A.COUNTY DEPT OF PROBATION		s of Attendance (e.g. academic year or semester)	
LAUSD SCHOOL-BASED HEALTH CARE PROVIDERS		ees, honors, and awards received	
LA TRUST FOR CHILDREN'S HEALTH	0. 20g/	ess, noners, and awards reserved	
PARENT TEACHER STUDENT ASSOCIATION			
3. For 11 th and 12 th grade students only: I describe student named above to the agency or a large united States Armed Force Colleges, Universities or O National Student Clearingh 4. For 12 th grade students only:	agencies I check be es (Military) Recruitin Other Institutions of Hi	elow. g Agencies gher Education	none number of the
I do not want the GPA of the student named above submitted to the California Student Aid Commission.			

Signature of Student (if student is 18 or older)

Signature of Parent/Guardian (if student is under 18)