



Consent to Release Academic Records

from Downtown College Preparatory

Email completed form to alumni@dcp.org or submit at front office of any DCP high school
Records are processed within 3-5 business days.

Date: _____ **DCP High School Attended:** El Primero Alum Rock **DCP Graduation Year:** _____

Last Name	First	Middle	Date of Birth
Signature			Phone Number
			Email

Record Requested:

- Cum. File
- Official Transcript (signed and sealed) **# of copies:** _____
- Unofficial Transcript (for personal use) **# of copies:** _____

Delivery Method:

- Record will be picked up when ready
- Email (Unofficial Transcript only)
- Mail to the address/es below:

Address	City	State	Zip
Address	City	State	Zip

Comments:

Notice: Student records obtained under this request remain subject to the requirements of the "Federal Family Educational Rights and Privacy Act of 1974" which requires written parent of student consent before the records may be shared with any other party.

To be completed by school official: Prepared By _____ **Date** _____