



PROXY REQUEST FORM

Last Name	First Name	Middle	Student I.D. Number
Address			Date of Birth (MM/DD/YYYY)
City	State	Zip Code	Phone Number
Maiden or Other Names		LACCD Email Address	
Signature		Today's Date	
<p>I understand that: under the Family Educational Rights and Privacy Act (FERPA) of 1974, verification may not be released without the written consent of the student. Verification will not be processed without student signature.</p>			

PROXY FIRST NAME _____

PROXY LAST NAME: _____

The proxy is for premission for:

- Transcript Request
- Transcript Pick up
- Submitting Course Request or Add permit/Access code
- Verification Pick up

EFFECTIVE BEGIN DATE: _____ EFFECTIVE END DATE: _____

Proxy listed in this section
MUST bring valid government
issued Photo Identification

Official Use Only

Intake Staff:	Date
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