



STUDENT INFORMATION

Name (at the time of course completion): _____ Birthdate: _____

Current Mailing Address: _____

City, State, Zip: _____ Phone: _____

COURSE INFORMATION

Course: _____ Teacher: _____

Semester: _____ Year: _____

CONSENT TO RELEASE

In accordance with the Family Education Rights and Privacy Act (FERPA) I hereby authorize Coastline ROP to release my educational records:

Sign: _____ Date: _____

Allow up to 30 business days for processing

SUBMIT REQUEST TO: Coastline ROP (Attn: Student Information System Specialist)
MAILING ADDRESS: 1001 Presidio Square, Costa Mesa, CA 92626
CONTACT PHONE: (714) 979-1955
EMAIL: transcripts@coastlinerop.org