



**JOHN BURROUGHS HIGH SCHOOL  
CAL GRANT GPA INFORMATION RELEASE FORM**

**DEADLINE: MARCH 2**

**LATE APPLICATIONS WILL NOT BE ACCEPTED**

**DO NOT SEND ACADEMIC TRANSCRIPTS**

Students please complete this form and return it to the high school registrar so that your GPA information may be released electronically to the California Student Aid Commission for use in the Cal Grant Awards. **Do not send this form to the Commission.**

Please print your full name as it appears on your social security card:

Student's Last Name	Student's Date of Birth
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	----- <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Student's First Name	M.I.
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	----- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Permanent Mailing Address (Number and Street)	Month/year of high school graduation
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City	State      Zip Code
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Student's Social Security Number ( <b>mandatory</b> )	Spring Code (former students that are enrolled in college or university classes)
<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	----- <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>
E-mail address	
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By signing this release form, I authorize the release of my high school Cal Grant GPA information and social security number to the California Student Aid Commission, for use in the Cal Grant application process.

\_\_\_\_\_  
Student Signature Date

I am the parent or legal guardian of the above named minor, and I authorize the release of this minor's high school GPA information and social security number to the California Student Aid Commission.

\_\_\_\_\_  
Parent/Legal Guardian Signature (**required if student is under 18**) Date

**SCHOOL USE ONLY**  
GPA (based on non-weighted academic 10-11 GPA for current students and non-weighted academic 10-12 GPA for high school graduates)

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