

STUDENT NOTIFICATION OF TRANSFER OF EDUCATIONAL RIGHTS

DATE:	NAME:	
STUDENT ID #:	STUDENT DATE OF BIRTH:	
	at at age 18 all parental rights pertaining to you covered under Caa) will transfer to you.	ılifornia
	ns, please speak to your counselor.	****
	eturn one copy of this letter to acknowledge that you have been to and you give your permission for us to communicate with y	
STUDENT SIGNAT	RE:	
DATE:		