Steps to complete Concurrent Enrollment form through DocuSign

1. Before submitting the Concurrent Enrollment form, students need to complete an online application for the term they are applying for.



2. Students will need to create an OpenCCC account and start a new application.



3. Once students are done with their online application, they need to print a copy of the confirmation page. Students will need to provide this confirmation number on the Concurrent Enrollment form.

Your application was submitted.

Confirmation

> Humberto, your application for admission has been submitted to Las Positas College.

Name	Humberto Lopez
CCCID	BJT2864
College	Las Positas College
Term	Fall 2021
Email	betolopez30@hotmail.com
Date & Time	February 10, 2021 12:51:23 PM
Confirmation #	19859670

- 4. Please allow 24-48 hours for our system to process your application. Students will receive a follow-up email with their assigned student identification number (W-ID Number). If students do not receive a follow up email containing their W-ID Number within 48 hours, please email <u>lpc-admissions@laspositascollege.edu</u>
- 5. Go to Admissions-Concurrent Enrollment.



6. Please review all the information and go to <u>Concurrent Enrollment Steps.</u> Click on the Concurrent Enrollment DocuSign link (Summer/Fall/Spring Recommendation form)

Concurrent Enrollment Admission Steps

APPLICATION AND FORMS MUST BE COMPLETED BEFORE REGISTRATION!

- 1. High school students have to provide the Concurrent Enrollment form and complete an online application every term.
- 2. Please review the Concurrent Enrollment Instructions flyer (PDF).
- 3. Complete the online Admission application and print the confirmation page for your records.
- 4. Fill out the REQUIRED Concurrent Enrollment Recommendation Form through DocuSign. Paper copies will not be accepted.

Concurrent Enrollment DocuSign link

- 5. Students attending home school should also submit a copy of their R4 Affidavits. (CA Ed Code, section 33190)
- 6. You must consult the College Catalog to determine if any requested classes have prerequisites. All prerequisites must be **completed and cleared** prior to registration. For more assistance with prerequisites, visit the Counseling Office.

7. Students will provide all the required information. It is preferred that students fill out this request using their zonemail address to protect the privacy of their information.

Las Positas College Concurrent Enrollment Form

NOTE: Once you press the "Submit" button, the system will generate an email to confirm your provided email address. In that email, you'll receive an Access Code that you'll need to use on the next page to continue your application process.

Your Name (Student):	Humberto Lopez
Your Email (Student):	betolopez28@hotmail.c
Your School Principal / Designee Name:	Eric Calloway
Your School Principal / Designee Email:	callowayeric@dublinusc
Your Parent or Guardian Name:	George Lopez
Your Parent or Guardian Email:	glopez4551@hotmail.cc
l'm not a robot	

8. After submitting, students will get an email confirmation with an access code to validate.



9. After validating the code, students will have access to the form to provide their information, but first they have to agree to use electronic records and signatures and click on continue.

Record and Signature Disclosure. ic records and signatures.				CONTINUE	
UPE Soudent ID (W) Number (DO NO) put high school Last Name Arst N	- select V	at Las Positas College. I will abide by the policies a Enrollment Program. I understand i will be dropp. Understand that after con register for the approved c College only.	earning colle nd enrollmen red from cour reletion and a lass(es) online isted on this n	ge credit for courses completed t conditions of the Concurrent ses not listed on my recommendation pproval of this form, I need to	
SECTION 2: SCHOOL PRINCIPAL or DES SUBJECT & NUMBER (+g (1ng 1A) UNITS		-	UNITS	*PREREQUISITES	

10. On this page, students will need to fill out their information on section one and <u>part of section two</u> with all the requested courses.

SECTION 1: STUDENT IN		Irrent official high scho)NLY)			Year: 2021
	put high school ID numi Humberto First Name Califo 2589	Middle Name	Cth Scho Bysig Control Contro	e of School Ar ol Address: 11 ning this form: Ify that I am in thi owledge that I w Positas College. abide by the polic. Iment Program. erstand I will be d erstand I will be d erstand I that after er for the approv erstand I that cour ge only.	ies and enrollment of ropped from course completion and app ed class(es) online w ses listed on this rec igh school's authorize	Rd. 2th grade. e credit for courses completed conditions of the Concurrent es not listed on my recommendatil proval of this form, I need to
SECTION 2: SCHOOL PRINCE	IPAL or DESIGNEE	(TO BE COMPLETED BY S	HOOL PRINCIP	AL or DESIGNE	A DOLLAR DO	

11. Students need to complete the information on section four (FERPA).

Attention Student: Th third parties (includin signing this form belo	g parents, guardians, siblings, etc.) without the expr	hibits the college from providing any information to any ess written consent of the student, regardless of age. By have made an indication below to withhold or release
	rize the release, and or review, of any and all persor disciplinary status.	nal information on record, my student records, and
I authorize the	e release of the following information to my parent(Any and all personal information on record Grades and attendance information only Behavior/disciplinary status only	s) or guardian(s) named below:
Parent/Guardian Nan		; name)
Parent/Guardian Nan		name)
Student's Signature: D	Humberto Lopez	Date: 11/9/2020 10:47:05 AM F
HIGH SCHOOL TRANSC	FOR OFFICE USE ONL	
VERIFY APPLICATION	REG DATE CE HOL	D 🗖 HSCH 🗖 UNITS 🗖 RESTRICTION
SAAADMS SWAAPPL	Admissions & Records Staff:	Date:
APPROVED DENIED	Dean of Enrollment Services:	Date:

	AB 2364 HIGH S rm is to be used in the event that yo ncurrent Enrollment program and wa		as or Chabot College		der
*	eligible for this exemption, you must Completed all steps and document Approved/admitted under the resp You are a U.S. Citizen, permanent r	tation as required under th pective colleges Concurren	t Enrollment program	n.	
INSTRUC	TIONS: To qualify for this exemption, fill Records Office of the college that	-			
STUDE	INT INFORMATION:	, , , , , , , , , , , , , , , , , , , ,		,	
Lopez	Humberto		W_15	444789	
EXEM	PTION REQUEST:	Minorang		Chabot-Las Positas College Student ID number	
I am re	questing an exemption of non-reside Chabot College	ent status to the following	institution (PICK ONE	Ξ):	
	Las Positas College				
	5				
Check	one box that applies to you:				
	I am a U.S. Citizen, Permanent Resi an alien without lawful immigration				e, or
0	Nonimmigrant alien as defined by fry and include, but are not limited to [NOT eligible for exemption].	· •			porari
	INT AGREEMENT:				
				and a second place of the second set of the second second	
By sign	ing below, I certify that the informat	tion provided on this form	is truthful and accur.	ate and that I meet all requirem	ents

13. After submitting this form, students will have the option to print or download the documents.

_

Save a Copy o	f Your Docur	nent
	\mathbf{T}	
	ment has be	2
If you would like a co	py for your record Print and save.	s, select Download or
DOWNLOAD	PRINT	CLOSE

-

14. Parents will receive a confirmation email to review and fill out their part.



Arash Sayadi arash.ds.developer@valteotech.com

Humberto Lopez,

Please DocuSign Las Positas Concurrent Enrollment Application

Thank You, Arash Sayadi

15. Parents agree to use electronic records and signatures.

Please read the <u>Electronic R</u>	ecord and Signature Disclo c records and signatures.	<u>sure</u> .				CONTINU	E	
	LPC Student ID (W) Number (DO NOT p	ıt high schoo	I ID number or Social Security number)	Amac School Address: <u>1155</u>	or valley			
		Humberto rst Name) Middle Name	Bysigning this form: • I certify that I am in the 1				
	2116 Willow Rd Street Address Pleasanton City, State, Zip (925) 354 - Phone Number hlopez@laspositascoll Email (registration notification will be se		California 94588 08 / 25 / 2001 Date of Birth	I acknowledge that I will be at Las Positas College. I will abide by the policies a Enrollment Program. I understand i will be dropp. I understand that after con register for the approved College only. I acknowledge that my highs my high school transcript.	e earning coll and enrollme ped from cou npletion and (lass(es) onlin listed on this	ege credit for courses completed nt conditions of the Concurrent urses not listed on my recommendation approval of this form, I need to		
					eusigneuser mil <i>aerte Leger,</i>			
	SECTION 2: SCHOOL PRINCI	PAL or DES	IGNEE (TO BE COMPLETED BY SC REQUEST	HOOL PRINCIPAL or DESIGNEE O 'ED COURSES	NLY)			
	SUBJECT & NUMBER (e.g. Eng 1A)	UNITS	*PREREQUISITES	SUBJECT & NUMBER (e.g. Eng 1A)	UNITS	*PREREQUISITES		
	1.Math 55	5	NA	11.				
	2.			12.				

16. On this page, parents need to fill out section three and sign the document.

ocuSign Envelope ID: 568E04E1-0881-4D9C-8A73-6D63B73A8DB9	DEMONSTRATION DOCUMENT ONLY PROVIDED BY DOCUSIGN ONLINE SIGNING SERVICE
•	999 3rd Ave, Suite 1700 • Seattle • Washington 98104 • (206
	www.docusign.com Las Positas Colleg
	Office of Admissions & Records, Bldg.160
2 4	3000 Campus Hill Drive • Livermore, California 9455
LAS POSITAS	
Student's Name:Humberto Lopez	LPCStudent ID#: W 15444789
SECTION 3: PARENT or GUARDIAN AUTHORIZATION FOR MINORS (T	O BE COMPLETED BY PARENT or GUARDIAN ONLY)
Parent / Guardian (Print Name): Humberto Lopez	
Relationship to minor student: Father	
Parent / Guardian phone: (925)4522451	
By signing this form	
 I acknowledge my child's participation in Las Positas College's Co 	
 Leartify that the school Principal or Designed pamod above is mu 	/ child's school / district authorized representative.
I hereby give permission to release my child's high school transcr	ript to Las Positas College.
 I hereby give permission to release my child's high school transcr I hereby give permission to my minor child to use the services pr 	ript to Las Positas College. ovided at the Student Health Center.
 I hereby give permission to release my child's high school transcr I hereby give permission to my minor child to use the services pr (NOTE: The Student Health Center providers are bound by confic 	ript to Las Positas College. rovided at the Student Health Center. dentiality even though they are treating minors)
 I hereby give permission to release my child's high school transcr I hereby give permission to my minor child to use the services pr (NOTE: The Student Health Center providers are bound by confic As the parent / guardian, do you know of any medical problems 	ript to Las Positas College. ovided at the Student Health Center. dentiality even though they are treating minors) we should be aware of for this student?
 I hereby give permission to release my child's high school transcr I hereby give permission to my minor child to use the services pr (NOTE: The Student Health Center providers are bound by confic 	ript to Las Positas College. ovided at the Student Health Center. dentiality even though they are treating minors) we should be aware of for this student?
 I hereby give permission to release my child's high school transcr I hereby give permission to my minor child to use the services pr (NOTE: The Student Health Center providers are bound by confic As the parent / guardian, do you know of any medical problems 	ript to Las Positas College. ovided at the Student Health Center. dentiality even though they are treating minors) we should be aware of for this student?
I hereby give permission to release my child's high school transcr I hereby give permission to my minor child to use the services pr (NOTE: The Student Health Center providers are bound by confic As the parent / guardian, do you know of any medical problems No Yes. List medical problem(s) (E.g. heart disease, all	ript to Las Positas College. ovided at the Student Health Center. dentiality even though they are treating minors) we should be aware of for this student?
 I hereby give permission to release my child's high school transcr I hereby give permission to my minor child to use the services pr (NOTE: The Student Health Center providers are bound by confic As the parent / guardian, do you know of any medical problems to No Yes. List medical problem(s) (E.g. heart disease, all Asthma 	ript to Las Positas College. ovided at the Student Health Center. dentiality even though they are treating minors) we should be aware of for this student? lergies, mental health, etc.): Date: 11/9/2020 11:03:32 AM PST
 I hereby give permission to release my child's high school transcr I hereby give permission to my minor child to use the services pr (NOTE: The Student Health Center providers are bound by confid As the parent / guardian, do you know of any medical problems s No Yes. List medical problem(s) (E.g. heart disease, all Asthma Parent / Guardian (Signature) Note: In case of an emergency, the above parent/guard 	ript to Las Positas College. rovided at the Student Health Center. dentiality even though they are treating minors) we should be aware of for this student? lergies, mental health, etc.): Date: <u>11/9/2020 11:03:32 AM PS</u> T lian will be contacted.
 I hereby give permission to release my child's high school transcr I hereby give permission to my minor child to use the services pr (NOTE: The Student Health Center providers are bound by confidence As the parent / guardian, do you know of any medical problems in No Yes. List medical problem(s) (E.g. heart disease, all Asthma Parent / Guardian (Signature) NoTE: In case of an emergency, the above parent/guard > SECTION 4: RELEASE OF PERSONAL INFORMATION (TO BE COMPLETED 	ript to Las Positas College. rovided at the Student Health Center. dentiality even though they are treating minors) we should be aware of for this student? lergies, mental health, etc.): Date: <u>11/9/2020 11:03:32 AM PS</u> T dian will be confacted. BYSTUDENT ONLY)
 I hereby give permission to release my child's high school transcr I hereby give permission to my minor child to use the services prices prices permission to my minor child to use the services permission to my minor child to use the services permission to my minor child to use the services permission to my minor child to use the services permission to my minor child to use the services permission to my minor child to use the services permission to my minor child to use the services permission to my minor child to use the services permission to my minor child to use the services permission to my motion to use the services permission to my motion to the services permission to my motion to the services permission to my motion the services permission to my motion the services permission to my motion to the services permission to my motion the services permission to my motion the services permission to my motion to the services permission to my motion to the services permission to my motion the services permission top	ript to Las Positas College. rovided at the Student Health Center. dentiality even though they are treating minors) we should be aware of for this student? lergies, mental health, etc.): Date: <u>11/9/2020 11:03:32 AM PS</u> T lion will be contacted. BYSTUDENT ONLY) 874 prohibits the college from providing any information to any he express written consent of the student, regardless of age. By
 I hereby give permission to release my child's high school transcr I hereby give permission to my minor child to use the services pr (NOTE: The Student Health Center providers are bound by confic As the parent / guardian, do you know of any medical problems v No Yes. List medical problem(s) (E.g. heart disease, all Asthma Parent / Guardian (Signature) Section 4: RELEASE OF PERSONAL INFORMATION (ro BE COMPLETED Attention Student: The Family Rights and Privacy Act (FERPA) of 15 third parties (including parents, guardians, siblings, etc.) without to signing this form below, you confirm that (1) you are the student, i 	ript to Las Positas College. rovided at the Student Health Center. dentiality even though they are treating minors) we should be aware of for this student? lergies, mental health, etc.): Date: 11/9/2020 11:03:32 AM PST dian will be contacted. BYSTUDENT ONLY) 074 prohibits the college from providing any information to any he express written consent of the student, regardless of age. By (2) you have made an indication below to withhold or release
 I hereby give permission to release my child's high school transcr I hereby give permission to my minor child to use the services pr (NOTE: The Student Health Center providers are bound by confic As the parent / guardian, do you know of any medical problems v No Yes. List medical problem(s) (E.g. heart disease, all Asthma Parent/ Guardian (Signature) Section 4: RELEASE OF PERSONAL INFORMATION (TO BE COMPLETED Attention Student: The Family Rights and Privacy Act (FERPA) of 19 third parties (including parents, guardians, siblings, etc.) without this signing this form below, you confirm that (1) you are the student, your information on record, and (3) all information provided on the student of the student o	ript to Las Positas College. rovided at the Student Health Center. dentiality even though they are treating minors) we should be aware of for this student? lergies, mental health, etc.): Date: <u>11/9/2020 11:03:32 AM PST</u> dian will be contacted. BY STUDENT ONLY) P74 prohibits the college from providing any information to any he express written consent of the student, regardless of age. By (2) you have made an indication below to withhold or release is form is complete and accurate.
 I hereby give permission to release my child's high school transcr I hereby give permission to my minor child to use the services pr (NOTE: The Student Health Center providers are bound by confic As the parent / guardian, do you know of any medical problems v No Yes. List medical problem(s) (E.g. heart disease, all Asthma Parent / Guardian (Signature) Section 4: RELEASE OF PERSONAL INFORMATION (ro BE COMPLETED Attention Student: The Family Rights and Privacy Act (FERPA) of 15 third parties (including parents, guardians, siblings, etc.) without to signing this form below, you confirm that (1) you are the student, i 	ript to Las Positas College. rovided at the Student Health Center. dentiality even though they are treating minors) we should be aware of for this student? lergies, mental health, etc.): Date: <u>11/9/2020 11:03:32 AM PST</u> dian will be contacted. BY STUDENT ONLY) P74 prohibits the college from providing any information to any he express written consent of the student, regardless of age. By (2) you have made an indication below to withhold or release is form is complete and accurate.
 I hereby give permission to release my child's high school transcr I hereby give permission to my minor child to use the services pr (NOTE: The Student Health Center providers are bound by confic As the parent / guardian, do you know of any medical problems No Yes. List medical problem(s) (E.g. heart disease, all Parent / Guardian (Signature) Parent / Guardian (Signature) Section4: RELEASE OF PERSONAL INFORMATION (TO BE COMPLETED Attention Student: The Family Rights and Privacy Act (FERPA) of 19 third parties (including parents, guardians, siblings, etc.) without tl signing this form below, you confirm that (1) you are the student, your information on record, and (3) all information provided on th I donot authorize the release, and or review, of any and all	ript to Las Positas College. rovided at the Student Health Center. dentiality even though they are treating minors) we should be aware of for this student? lergies, mental health, etc.): Date: <u>11/9/2020 11:03:32 AM PST</u> itian will be contacted . BYSTUDENT ONLY 374 prohibits the college from providing any information to any he express written consent of the student, regardless of age. By (2) you have made an indication below to withhold or release is form is complete and accurate. Il personal information on record, my student records, and
 I hereby give permission to release my child's high school transcr I hereby give permission to my minor child to use the services pr (NOTE: The Student Health Center providers are bound by confid As the parent / guardian, do you know of any medical problems s No Yes. List medical problem(s) (E.g. heart disease, all Parent/ Guardian (Signature) Section4:RELEASE of personal line data for the parent/guard SECTION4:RELEASE OF PERSONAL INFORMATION (TO BE COMPLETED Attention Student: The Family Rights and Privacy Act (FERPA) of 15 third parties (including parents, guardians, siblings, etc.) without th signing this form below, you confirm that (1) you are the student, your information on record, and (3) all information provided on th I donot authorize the release, and or review, of any and al any behavior/disciplinary status. 	ript to Las Positas College. rovided at the Student Health Center. dentiality even though they are treating minors) we should be aware of for this student? lergies, mental health, etc.):
 I hereby give permission to release my child's high school transcr I hereby give permission to my minor child to use the services pr (NOTE: The Student Health Center providers are bound by confic As the parent / guardian, do you know of any medical problems in the service of th	ript to Las Positas College. rovided at the Student Health Center. dentiality even though they are treating minors) we should be aware of for this student? lergies, mental health, etc.): Date: <u>11/9/2020 11:03:32 AM PST</u> dian will be contacted. BYSTUDENT ONLY) D74 prohibits the college from providing any information to any he express written consent of the student, regardless of age. By (2) you have made an indication below to withhold or release is form is complete and accurate. Il personal information on record, my student records, and parent(s) or guardian(s) named below: ord

17. Parents will have the option to print or download the documents.





18. The Principal or Designee (counselor) will receive a confirmation email to review the document. They will have to fill out part of section two.



-Units: Spring and Fall max 11 units, Summer max 6 units -Upload the high school transcript -Sign the document

lopez@laspositascoll	ege.ed	u	my high school transcript.		
mail (registration notification will be se	ent here)		Studentsignature	iccusioned by: Kamelineate (eper-	
SECTION 2: SCHOOL PRINCI	PAL or DE	SIGNEE (TO BE COMPLETED BY S	CHOOL PRINCIPAL or DESIGNEE	ONLY)	
	I		STED COURSES	· · · ·	
SUBJECT & NUMBER (e.g. Eng 1A)	UNITS	*PREREQUISITES	SUBJECT & NUMBER (e.g. Eng 1A)	UNITS	*PREREQUISITES
1.Math 55	5	NA	11.		
2.			12.		
3.			13.		
4.			14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
0.			20.		
(6 units for Summer sessio • Enrollment in Kinesiology (on). (P.E.) and b evel) are no	maximum of 11 units per semester asic skills courses (Eng 104 level, t allowed (Ed. Code 48800).	*Many courses require the complic College or their equivalent at anot the class schedule or college catal \$5500). *To enroll in English and Math courses. Assessment tenglish and Math courses. Assessment testing.	her institution. C og for identificati urses, you must f rses can be taker schedule can be	consult the course description in ion of prerequisites. (<i>Title 5, Sec.</i> irst take the Assessment test. and passed to clear higher viewed here:
AUTHORIZED SCHOOL OFFI	CIALS (S	ignatures are required e	very term. Initials or rubb		
number of students per g I certify that the above re-	rade level commend	shall be recommended for Conc	school certifies, by signing this fo urrent Enrollment at Las Positas he student's ability the enefit from No	College.	
• I certify that I am the scho	ool Princip	al / Designee, and authorized to	sign this form.		
Principal or Designee (Print Nar	me) 🖾 H	lumberto Lopez		Phone	9254512546
Principal or Designee (Signatur	e) 🖾 🖉	Sensitive all and an		Date:	11/9/2020 11:10:36 AM

The Principal or Designee (counselor) will have the option to print or download the documents for their records.

19. Admissions and Records will receive the final and complete Concurrent Enrollment form to process for approval. Students will receive a confirmation email with their registration date.

New Research 10, Reading 10, 1			DEMONSTRATION			
		8A73-6D63B73A8DB9	PROVIDED BY DO			
R	ecom	mendation For Co	oncurrent Enrolline	in Fö	eatte • Washingtor	1 98104 • (206) 21
Office of	Admission	s and Records.3000 Campus H	ill Drive, Livermore, CA 94551. Ip	pc-concu	urrent@laspositas	college.edu.
C Before su			a current online admission app			-
LAS POSITAS	-		ol transcript must be included v		form. 🚽	
					rem.	Spring
					Year:	2021
SECTION 1: STUDENT INF	ORMATIC	ON (TO BE COMPLETED BY STUDENT	ONLY)			
			Application Confirmati	ion # Requ	lired: 1847521	
W 15444789	Current	: Grade Level: 0 10th 0 11th 1	12th Name of School: Amad			
		ID number or Social Security number)				
	Humbert		School Address: 1155	Santa Ri	ita Rd.	
	First Name	Middle Name	By signing this form:			
			 I certify that I am in the 1 I acknowledge that I will be 		-	completed
2116 Willow Rd Street Address			at Las Positas College.	carning cor	rege creat for course	scompleted
Street Address			 I will abide by the policies a Enrollment Program. 	ind enrolline	ent conditions of the (Concurrent
Pleasanton		California 94588	I understand I will be dropp	ed from co	urses not listed on my	recommendation
City, State, Zip			 I understand that after com 	npletion and	approval of this form	
(925) 354 -	2589	08 / 25 / 2001	register for the approved c I understand that courses i			e for Las Positas
Phone Number		Date of Birth	College only.			
hlopez@laspositascol	lene ed		 Lacknowledge that my high s 	chool's autho	orized official will be att	aching a copy of
Email (registration notification will be s	-	u	my high school transcript.	outragened by:		
Contraction in Contraction will be a	ent nerej		Studentsignature D	Jude Long	_	
SECTION 2: SCHOOL PRINCE	PAL or DES	SIGNEE (TO BE COMPLETED BY SO	HOOL PRINCIPAL or DESIGNEE OF	NLY)		
		REQUEST	TED COURSES			
SUBJECT & NUMBER (e.g. Eng 1A)	UNITS	*PREREQUISITES	SUBJECT & NUMBER (e.g. Eng 1A)	UNITS	*PREREO	UISITES
1 Math 55	5	NA				
-	5	NA	11.			
2.	5	NA	11. 12.			
2. 3.	5	NA	11. 12. 13.			
2. 3. 4.	5	NA	11. 12.			
2. 3.	5	NA	11. 12. 13.			
2. 3. 4.	5	NA	11. 12. 13. 14.			
2. 3. 4. 5.	5	NA	11. 12. 13. 14. 15.			
2. 3. 4. 5. 6. 7.	5	NA	11. 12. 13. 14. 15. 16.			
2. 3. 4. 5. 6. 7. 8.	5	NA	11. 12. 13. 14. 15. 16. 17. 18.			
2. 3. 4. 5. 6. 7. 8. 9.	5	NA	11. 12. 13. 14. 15. 16. 17. 18. 19.			
2. 3. 4. 5. 6. 7. 8. 9. 10.	5	NA	11. 12. 13. 14. 15. 16. 17. 18. 19. 20.		equisite courses tails	en at Las Postas
2. 3. 4. 5. 6. 7. 8. 9. 10. ODURSE RESTRICTIONS:			11. 12. 13. 14. 15. 16. 17. 18. 19.	tion of pren		
2. 3. 4. 5. 6. 7. 8. 9. 10. COURSE RESTRICTIONS: • Concurrent Enrollment is:	ímited to a	NA	11. 12. 13. 14. 15. 16. 17. 18. 19. 20. "Many courses require the complet College or their equivalent at anoth the class schedule or college catalog	tion of prener institutio	on. Consult the cours	se description in
2. 3. 4. 5. 6. 7. 8. 9. 10. COURSE RESTRICTIONS: • Concurrent Enrollment is (6 units for Summer sessis (6 units for Summer sessis	imited to a		11. 12. 13. 14. 15. 16. 17. 18. 19. 20. *Many courses require the complet college or their equivalent at anoth	tion of pren er institutio g for identif	on. Consult the cours fication of prerequis	se description in ites. (<i>Title 5, Sec.</i>
2. 3. 4. 5. 6. 7. 8. 9. 10. COURSE RESTRICTIONS: • Concurrent Enrollment is (6 units for Summer sessi • Enrollment in Kinesiology all ESL courses, Math 1071	imited to a son). (P.E.) and b	maximum of 11 units per semester asic skills courses (Eng 104 level, t allowed (Ed. Code 48800).	11. 12. 13. 14. 15. 16. 17. 18. 19. 20. *Many courses require the complet College or their equivalent at anoth the class schedule or college catalog 35300. *To enroll in English and Math cours Subsequent English and Math cours	tion of pren er institution g for identition rses, you mil	on. Consult the cours fication of prerequis ust first take the Ass taken and passed to	se description in ites. (<i>Title 5, Sec.</i> essment test.
2. 3. 4. 5. 6. 7. 8. 9. 10. COURSE RESTRICTIONS: • Concurrent Enrollment is (6 units for Summer sessis • Enrollment in Kinesiology	imited to a son). (P.E.) and b	maximum of 11 units per semester asic skills courses (Eng 104 level, t allowed (Ed. Code 48800).		tion of pren er institutio g for i dentif rses, you muses can be t chedule can	on. Consult the cours fication of prerequis ust first take the Ass taken and passed to n be viewed here:	se description in ites. (<i>Title 5, Sec.</i> essment test.
2. 3. 4. 5. 6. 7. 8. 9. 10. COURSE RESTRICTIONS: • Concurrent Enrollment is (6 units for Summer sessis • Enrollment in Kinesiology all ESL courses, Math 1071 • You may ONLY fist LPC courses	imited to a nn). (P.E.) and b evel) are no rrses above	maximum of 11 units per semester esic skills courses (Eng 104 level, tt allowed (Ed. Code 48800).	11. 12. 13. 14. 15. 16. 17. 18. 19. 20. *Many courses require the complet College or their equivalent at anoth the class schedule or college catalog 35300. *To enroll in English and Math cours Subsequent English and Math cours	tion of pren er institutio g for identif ses, you mi ses can be t chedule can	on. Consult the cours fication of prerequis ust first take the Ass taken and passed to n be viewed here: /index.php	se description in ites. (<i>Title 5, Sec.</i> essment test. clear higher
2. 3. 4. 5. 6. 7. 8. 9. 10. COURSE RESTRICTIONS: • Concurrent Enrollment is (6 units for Summer sessis • Concurrent Enrollment is (6 units for Summer sessis • Enrollment in Kinesiology all ESL courses, Math 1071 • You may ONLY list LPC cos AUTHORIZED SCHOOL OFFI As per Ed. Code 76001, th	imited to a nn). (P.E.) and b ever) are no rizes above CIALS (S re high sch	maximum of 11 units per semester asic skills courses (Eng 104 level, it allowed (Ed. Code 48800). ignatures are required ev tool Principal or Designee of the s		tion of pren er institution g for identification ses, you mites can be to chedule can nentcenter. er stoamport, m, that no	on. Consult the cours fication of prerequis ust first take the Ass taken and passed to h be viewed here: <i>findex.php</i> os NOT accep	se description in ites. (<i>Title 5, Sec.</i> essment test. clear higher table.)
2. 3. 4. 5. 6. 7. 8. 9. 10. COURSE RESTRICTIONS: • Concurrent Enrollment is (6 units for Summer sessis • Concurrent Enrollment is Kinesiology all ESL courses, Math 1071 • You may ONLY list LPC cos AUTHORIZED SCHOOL OFFI As per Ed. Code 76001, tf number of students per ge	imited to a an). (P.E.) and b evel) are no trass above CIALS (S the high sch grade level	maximum of 11 units per semester asic skills courses (Eng 104 level, it allowed (Ed. Code 48800). ignatures are required ev lool Principal or Designee of the s shall be recommended for Concu		tion of pren er institutio g for identif ses, you mu ses can be t chedule can nentcenter. er stamp m, that no iollege.	on. Consult the cours fication of prerequis ust first take the Ass taken and passed to be viewed here: <u>/index.php</u> os NOT accep or more than 5 pere	se description in ites. (<i>Title 5, Sec.</i> essment test. clear higher fable.) sent of the total
2. 3. 4. 5. 6. 7. 8. 9. 10. COURSE RESTRICTIONS: • Concurrent Enrollment is (6 units for Summer sessis (6 units for Summer sessis • Enrollment in Kinesiology all ESL courses, Math 1071 • You may ONLY list LPC cou AUTHORIZED SCHOOL OFFI As per Ed. Code 76001, th unumber of students per g • I certify that the above re	imited to a on). (P.E.) and b evel) are no rrses above CIALS (S ne high sch grade level	maximum of 11 units per semester asic skills courses (Eng 104 level, It allowed (Ed. Code 48800).		tion of pren er institutio g for identif ses, you mu ses can be t chedule can nentcenter. er stamp m, that no iollege.	on. Consult the cours fication of prerequis ust first take the Ass taken and passed to be viewed here: <u>/index.php</u> os NOT accep or more than 5 pere	se description in ites. (<i>Title 5, Sec.</i> essment test. clear higher fable.) sent of the total
2. 3. 4. 5. 6. 7. 8. 9. 10. COURSE RESTRICTIONS: • Concurrent Enrollment is (6 units for Summer sessis (6 units for Summer sessis • Enrollment in Kinesiology all ESL courses, Math 1071 • You may ONLY list LPC cou AUTHORIZED SCHOOL OFFI As per Ed. Code 76001, th unumber of students per g • I certify that the above re	imited to a on). (P.E.) and b evel) are no rrses above CIALS (S ne high sch grade level	maximum of 11 units per semester asic skills courses (Eng 104 level, it allowed (Ed. Code 48800). ignatures are required ev lool Principal or Designee of the s shall be recommended for Concu		tion of pren er institutio g for identif ses, you mu ses can be t chedule can nentcenter. er stamp m, that no iollege.	on. Consult the cours fication of prerequis ust first take the Ass taken and passed to be viewed here: <u>/index.php</u> os NOT accep or more than 5 pere	se description in ites. (<i>Title 5, Sec.</i> essment test. clear higher fable.) sent of the total
2. 3. 4. 5. 6. 7. 8. 9. 10. COURSE RESTRICTIONS: • Concurrent Enrollment is (6 units for Summer sessis (6 units for Summer sessis • Enrollment in Kinesiology all ESL courses, Math 1071 • You may ONLY list LPC cou AUTHORIZED SCHOOL OFFI As per Ed. Code 76001, th unumber of students per g • I certify that the above re	imited to a on). (P.E.) and b evel) are no rrses above CIALS (S ne high sch grade level	maximum of 11 units per semester asic skills courses (Eng 104 level, It allowed (Ed. Code 48800).		tion of pren er institutio g for identif ses, you mu ses can be t chedule can nentcenter. er stamp m, that no iollege.	on. Consult the cours fication of prerequis ust first take the Ass taken and passed to be viewed here: <u>/index.php</u> os NOT accep or more than 5 pere	se description in ites. (<i>Title 5, Sec.</i> essment test. clear higher fable.) sent of the total
2. 3. 4. 5. 6. 7. 8. 9. 10. COURSE RESTRICTIONS: • Concurrent Enrollment is (6 units for Summer sessis • Enrollment Kinesiology all ESL course, Math 1071 • You may ONLY list LPC cou AUTHORIZED SCHOOL OFFI As per Ed. Code 76001, th number of students per g • I certify that the above re • I certify that I have attack	imited to a on). (P.E.) and b ever) are no virses above CIALS (S me high sch rade level commend acd a copy	maximum of 11 units per semester asic skills courses (Eng 104 level, It allowed (Ed. Code 48800).	11. 12. 13. 14. 15. 16. 17. 18. 19. 20. *Many courses require the complet College or their equivalent at anoth the class schedule or college catalog 35300). *To enroll in English and Math cour Subsequent English and Math cour ievel courses. Assessment testing sc www.laspositascollege.edu/assean wwww.laspositascollege.edu/assean www.laspositascollege.edu/assean	tion of pren er institutio g for identif ses, you mu ses can be t chedule can nentcenter. er stamp m, that no iollege.	on. Consult the cours fication of prerequis ust first take the Ass taken and passed to be viewed here: <u>/index.php</u> os NOT accep or more than 5 pere	se description in ites. (<i>Title 5, Sec.</i> essment test. clear higher fable.) sent of the total
2. 3. 4. 5. 6. 7. 8. 9. 10. COURSE RESTRICTIONS: • Concurrent Enroliment is: (6 units for Summer sessis: • Enroliment in Kinesiology all ESL course; Meth 1071 • You may ONLY list LPC cou AUTHORIZED SCHOOL OFFI As per Ed. Code 76001, th number of students per g • I certify that the above re • I certify that I have attach	imited to a on). (P.E.) and b evel) are no crase above CIALS (S commend sed a copy pool Princip	maximum of 11 units per semester asic skills courses (Eng 104 level, it allowed (Ed. Code 48800). ignatures are required ev iool Principal or Designee of the s shall be recommended for Concu ed <u>11</u> _# of units are based on th of the student's transcript Yes al / Designee, and authorized to s	11. 12. 13. 14. 15. 16. 17. 18. 19. 20. *Many courses require the complet College or their equivalent at anoth the class schedule or college catalog 35300). *To enroll in English and Math cour Subsequent English and Math cour ievel courses. Assessment testing sc www.laspositascollege.edu/assean wwww.laspositascollege.edu/assean www.laspositascollege.edu/assean	tion of pren er institutio g for identif ses, you mi ses can be t chedule can nentcenter, er stamp m, that no ollege.	on. Consult the cours fication of prerequis ust first take the Ass taken and passed to be viewed here: <u>/index.php</u> os NOT accep or more than 5 pere ed scholastic or vo	te description in ites. (7file 3, Sec. essment test. clear higher table.) table.) cent of the total cational work."
2. 3. 4. 5. 6. 7. 8. 9. 10. COURSE RESTRICTIONS: • Concurrent Enrollment is (6 units for Summer sessis • Enrollment Kinesiology all ESL course, Math 1071 • You may ONLY list LPC cou AUTHORIZED SCHOOL OFFI As per Ed. Code 76001, th number of students per g • I certify that the above re • I certify that I have attack	imited to a on). (P.E.) and b evel) are no crase above CIALS (S commend sed a copy pool Princip	maximum of 11 units per semester asic skills courses (Eng 104 level, it allowed (Ed. Code 48800). ignatures are required ev iool Principal or Designee of the s shall be recommended for Concu ed <u>11</u> _# of units are based on th of the student's transcript Yes al / Designee, and authorized to s	11. 12. 13. 14. 15. 16. 17. 18. 19. 20. *Many courses require the complet College or their equivalent at anoth the class schedule or college catalog 35300). *To enroll in English and Math cour Subsequent English and Math cour ievel courses. Assessment testing sc www.laspositascollege.edu/assean wwww.laspositascollege.edu/assean www.laspositascollege.edu/assean	tion of pren er institutio g for identif ses, you mi ses can be t chedule can nentcenter, er stamp m, that no ollege.	on. Consult the cours fication of prerequis ust first take the Ass taken and passed to be viewed here: <u>/index.php</u> os NOT accep or more than 5 pere	te description in Ites. (7file 3, Sec. essment test. clear higher table.) table.) cent of the total cational work."

HL 09/23/2020

	DEMONSTRATION DOCUMENT ONLY
Sign Envelope ID: 568E04E1-0881-4D9C-8A73-6D63B73A8DB9	PROVIDED BY DOCUSIGN ONLINE SIGNING SERVICE
	999 3rd Ave, Sulte 1700 • Seattle • Washington 98104 • (206) 21
	www.docusign.com
	Las Positas College
	Office of Admissions & Records, Bldg.1600
	3000 Campus Hill Drive • Livermore, California 94551
LAS POSITAS	
Student's Name Humberto Lopez	LPCStudent ID#: W 15444789
> CECTION 2. BARENT ALCHARDIAN AUTUORIZATION COR MINORCHA	
SECTION 3: PARENT OF GUARDIAN AUTHORIZATION FOR MINORS (TO	O BE COMPLETED BY PARENT OF GUARDIAN ONLY)
Parent / Guardian (Print Name): Humberto Lopez	
Relationship to minor student: Father	
Parent / Guardian phone: (925)4522451	
By signing this form	
 I acknowledge my child's participation in Las Positas College's Con 	noursent Enrollment Brogram
	-
 I certify that the school Principal or Designee named above is my 	
 I hereby give permission to release my child's high school transcription 	
 I hereby give permission to my minor child to use the services pro 	
(NOTE: The Student Health Center providers are bound by confid	
 As the parent / guardian, do you know of any medical problems v 	we should be aware of for this student?
No Xes. List medical problem(s) (E.g. heart disease, all	lergies, mental health, etc.):
Asthma	
Caulina	
- Decidentity:	
Parent / Guardian (Signature)	Date: 11/9/2020 11:05:37 AM PST
Parent / Guardian (Signature)	Date: 11/9/2020 11:05:37 AM PST
NOTE: In case of an emergency, the above parent/guardi	
NOTE: In case of an emergency, the above parent/guard	lian will be contacted.
NOTE: In case of an emergency, the above parent/guard	lian will be contacted. BY STUDENT ONLY)
NOTE: In case of an emergency, the above parent/guardi	ian will be contacted. EXENDED TOTAL (MARK) 974 prohibits the college from providing any information to any
NOTE: In case of an emergency, the above parent/guardi > SECTION4: RELEASE OF PERSONAL INFORMATION (TO BE COMPLETED Attention Student: The Family Rights and Privacy Act (FERPA) of 19 third parties (including parents, guardians, siblings, etc.) without th	ian will be contacted.
NOTE: In case of an emergency, the above parent/guardi > section4: RELEASE OF PERSONAL INFORMATION (TO BE COMPLETED Attention Student: The Family Rights and Privacy Act (FERPA) of 19 third parties (including parents, guardians, siblings, etc.) without th signing this form below, you confirm that (1) you are the student, (ian will be contacted. EVENUERATIONNY) 974 prohibits the college from providing any information to any he express written consent of the student, regardless of age. By (2) you have made an indication below to withhold or release
NOTE: In case of an emergency, the above parent/guardi SECTION4: RELEASE OF PERSONAL INFORMATION (TO BE COMPLETED Attention Student: The Family Rights and Privacy Act (FERPA) of 19 third parties (including parents, guardians, siblings, etc.) without th signing this form below, you confirm that (1) you are the student, (your information on record, and (3) all information provided on this	ian will be contacted. EXENDENT ONLY P74 prohibits the college from providing any information to any he express written consent of the student, regardless of age. By (2) you have made an indication below to withhold or release is form is complete and accurate.
NOTE: In case of an emergency, the above parent/guardi SECTION4: RELEASE OF PERSONAL INFORMATION (TO BE COMPLETED Attention Student: The Family Rights and Privacy Act (FERPA) of 19 third parties (including parents, guardians, siblings, etc.) without th signing this form below, you confirm that (1) you are the student, (your information on record, and (3) all information provided on thi I do not authorize the release, and or review, of any and all	ian will be contacted. EXENDENTIAL CONTRACTOR P74 prohibits the college from providing any information to any he express written consent of the student, regardless of age. By (2) you have made an indication below to withhold or release is form is complete and accurate.
NOTE: In case of an emergency, the above parent/guardi SECTION4:RELEASE OF PERSONAL INFORMATION (TO BE COMPLETED Attention Student: The Family Rights and Privacy Act (FERPA) of 19 third parties (including parents, guardians, siblings, etc.) without th signing this form below, you confirm that (1) you are the student, (your information on record, and (3) all information provided on thi I donot authorize the release, and or review, of any and all any behavior/disciplinary status.	ian will be contacted. EXERCISE FORM (1) P74 prohibits the college from providing any information to any he express written consent of the student, regardless of age. By (2) you have made an indication below to withhold or release is form is complete and accurate. I personal information on record, my student records, and
NOTE: In case of an emergency, the above parent/guardi SECTION4: RELEASE OF PERSONAL INFORMATION (TO BE COMPLETED Attention Student: The Family Rights and Privacy Act (FERPA) of 19 third parties (including parents, guardians, siblings, etc.) without th signing this form below, you confirm that (1) you are the student, (your information on record, and (3) all information provided on thi I do not authorize the release, and or review, of any and all	ian will be contacted. EXERCISE FORM (1) P74 prohibits the college from providing any information to any he express written consent of the student, regardless of age. By (2) you have made an indication below to withhold or release is form is complete and accurate. I personal information on record, my student records, and
NOTE: In case of an emergency, the above parent/guardi SECTION4:RELEASE OF PERSONAL INFORMATION (TO BE COMPLETED Attention Student: The Family Rights and Privacy Act (FERPA) of 19 third parties (including parents, guardians, siblings, etc.) without th signing this form below, you confirm that (1) you are the student, (your information on record, and (3) all information provided on thi I donot authorize the release, and or review, of any and all any behavior/disciplinary status.	ian will be contacted. EXERCISE TOTAL P74 prohibits the college from providing any information to any he express written consent of the student, regardless of age. By (2) you have made an indication below to withhold or release is form is complete and accurate. I personal information on record, my student records, and parent(s) or guardian(s) named below:
NOTE: In case of an emergency, the above parent/guardi SECTION4:RELEASE OF PERSONAL INFORMATION (TO BE COMPLETED Attention Student: The Family Rights and Privacy Act (FERPA) of 19 third parties (including parents, guardians, siblings, etc.) without th signing this form below, you confirm that (1) you are the student, (your information on record, and (3) all information provided on thi I do not authorize the release, and or review, of any and all any behavior/disciplinary status. I authorize the release of the following information to my p	ian will be contacted. EXERCISE TOTAL P74 prohibits the college from providing any information to any he express written consent of the student, regardless of age. By (2) you have made an indication below to withhold or release is form is complete and accurate. Il personal information on record, my student records, and parent(s) or guardian(s) named below: ord
NOTE: In case of an emergency, the above parent/guardi SECTION4:RELEASE OF PERSONAL INFORMATION (TO BE COMPLETED Attention Student: The Family Rights and Privacy Act (FERPA) of 19 third parties (including parents, guardians, siblings, etc.) without th signing this form below, you confirm that (1) you are the student, (your information on record, and (3) all information provided on thi I do not authorize the release, and or review, of any and all any behavior/disciplinary status. I authorize the release of the following information to my p Any and all personal information on record	ian will be contacted. EXERCISE TOTAL P74 prohibits the college from providing any information to any he express written consent of the student, regardless of age. By (2) you have made an indication below to withhold or release is form is complete and accurate. Il personal information on record, my student records, and parent(s) or guardian(s) named below: ord
NOTE: In case of an emergency, the above parent/guardi SECTION4: RELEASE OF PERSONAL INFORMATION (TO BE COMPLETED) Attention Student: The Family Rights and Privacy Act (FERPA) of 19 third parties (including parents, guardians, siblings, etc.) without th signing this form below, you confirm that (1) you are the student, (your information on record, and (3) all information provided on thi	ian will be contacted. EXERCISE TOTAL P74 prohibits the college from providing any information to any he express written consent of the student, regardless of age. By (2) you have made an indication below to withhold or release is form is complete and accurate. Il personal information on record, my student records, and parent(s) or guardian(s) named below: ord
NOTE: In case of an emergency, the above parent/guardi SECTION4:RELEASE OF PERSONAL INFORMATION (TO BE COMPLETED Attention Student: The Family Rights and Privacy Act (FERPA) of 19 third parties (including parents, guardians, siblings, etc.) without th signing this form below, you confirm that (1) you are the student, (your information on record, and (3) all information provided on thi I do not authorize the release, and or review, of any and all any behavior/disciplinary status. I authorize the release of the following information to my p Any and all personal information on record G Grades and attendance information only	ian will be contacted. EXFLUENCENTY PAP prohibits the college from providing any information to any he express written consent of the student, regardless of age. By (2) you have made an indication below to withhold or release is form is complete and accurate. I personal information on record, my student records, and parent(s) or guardian(s) named below: ord
NOTE: In case of an emergency, the above parent/guardi SECTION4: RELEASE OF PERSONAL INFORMATION (TO BE COMPLETED) Attention Student: The Family Rights and Privacy Act (FERPA) of 19 third parties (including parents, guardians, siblings, etc.) without th signing this form below, you confirm that (1) you are the student, (your information on record, and (3) all information provided on thi	ian will be contacted. EXERCISE TOTAL P74 prohibits the college from providing any information to any he express written consent of the student, regardless of age. By (2) you have made an indication below to withhold or release is form is complete and accurate. Il personal information on record, my student records, and parent(s) or guardian(s) named below: ord
NOTE: In case of an emergency, the above parent/guardi → SECTION4: RELEASE OF PERSONAL INFORMATION (TO BE COMPLETED) Attention Student: The Family Rights and Privacy Act (FERPA) of 19 third parties (including parents, guardians, siblings, etc.) without th signing this form below, you confirm that (1) you are the student, (your information on record, and (3) all information provided on thi any behavior/disciplinary status. I authorize the release of the following information to my p Any and all personal information on record G Grades and attendance information only Behavior/disciplinary status only Parent/Guardian NameHumberto Lopez	ian will be contacted. EXFLUENCENTY PAP prohibits the college from providing any information to any he express written consent of the student, regardless of age. By (2) you have made an indication below to withhold or release is form is complete and accurate. I personal information on record, my student records, and parent(s) or guardian(s) named below: ord
NOTE: In case of an emergency, the above parent/guardi > SECTION4: RELEASE OF PERSONAL INFORMATION (to be completed) Attention Student: The Family Rights and Privacy Act (FERPA) of 19 third parties (including parents, guardians, siblings, etc.) without the signing this form below, you confirm that (1) you are the student, (your information on record, and (3) all information provided on this any behavior/disciplinary status. I authorize the release, and or review, of any and all any behavior/disciplinary status. I authorize the release of the following information on record informating information on record information on recor	ian will be contacted. EXFLUENCENTY PAP prohibits the college from providing any information to any he express written consent of the student, regardless of age. By (2) you have made an indication below to withhold or release is form is complete and accurate. I personal information on record, my student records, and parent(s) or guardian(s) named below: ord
NOTE: In case of an emergency, the above parent/guardi SECTION4:RELEASE OF PERSONAL INFORMATION (TO BE COMPLETED) Attention Student: The Family Rights and Privacy Act (FERPA) of 19 third parties (including parents, guardians, siblings, etc.) without th signing this form below, you confirm that (1) you are the student, (your information on record, and (3) all information provided on thi	ian will be contacted.
NOTE: In case of an emergency, the above parent/guardi > SECTION4: RELEASE OF PERSONAL INFORMATION (to be completed) Attention Student: The Family Rights and Privacy Act (FERPA) of 19 third parties (including parents, guardians, siblings, etc.) without the signing this form below, you confirm that (1) you are the student, (your information on record, and (3) all information provided on this any behavior/disciplinary status. I authorize the release, and or review, of any and all any behavior/disciplinary status. I authorize the release of the following information on record informating information on record information on recor	ian will be contacted. EXAMPLE AT CONTACT ON TAXES TO A DESCRIPTION OF THE PROVIDENT ON TAXES TO A DESCRIPTION OF THE PROVIDENT OF THE PROVIT
NOTE: In case of an emergency, the above parent/guardi > SECTION4: RELEASE OF PERSONAL INFORMATION (to be completed) Attention Student: The Family Rights and Privacy Act (FERPA) of 19 third parties (including parents, guardians, siblings, etc.) without the signing this form below, you confirm that (1) you are the student, (your information on record, and (3) all information provided on this igning this form below, you confirm that (1) you are the student, (your information on record, and (3) all information provided on this any behavior/disciplinary status. I adonot authorize the release, and or review, of any and all any behavior/disciplinary status. I authorize the release of the following information to my goard and all any behavior/disciplinary status. I authorize the release of the following information on record Grades and attendance information on ly Behavior/disciplinary status only Parent/Guardian NameHumberto Lopez Parent/Guardian Name: George Lopez Student's Signature: Implementation by:	iian will be contacted.
NOTE: In case of an emergency, the above parent/guardi > SECTION4: RELEASE OF PERSONAL INFORMATION (TO BE COMPLETED) Attention Student: The Family Rights and Privacy Act (FERPA) of 19 third parties (including parents, guardians, siblings, etc.) without th signing this form below, you confirm that (1) you are the student, (your information on record, and (3) all information provided on thi I donot authorize the release, and or review, of any and all any behavior/disciplinary status. I authorize the release of the following information to my g Any and all personal information on reco Grades and attendance information only Behavior/disciplinary status only Parent/Guardian NameHumberto Lopez Parent/Guardian Name: George Lopez Student's Signature: The DocuSigned by: 	iian will be contacted.
NOTE: In case of an emergency, the above parent/guardi > SECTION4: RELEASE OF PERSONAL INFORMATION (to be completed) Attention Student: The Family Rights and Privacy Act (FERPA) of 19 third parties (including parents, guardians, siblings, etc.) without the signing this form below, you confirm that (1) you are the student, (your information on record, and (3) all information provided on this any behavior/disciplinary status. I authorize the release, and or review, of any and all any behavior/disciplinary status. I authorize the release of the following information to my goard and all personal information on record, I and all personal information on record, I are authorized the release of the following information only I Behavior/disciplinary status only Parent/Guardian Name: George Lopez Parent/Guardian Name: George Lopez Student's Signature: Improvements I HIGH SCHOOL TRANSCRIPT	iian will be contacted. EX-STUDEATONIX) P74 prohibits the college from providing any information to any he express written consent of the student, regardless of age. By (2) you have made an indication below to withhold or release is form is complete and accurate. I personal information on record, my student records, and parent(s) or guardian(s) named below: ord (Print name) Date: 11/9/2020 10:55:15 AM PST USEONLY
NOTE: In case of an emergency, the above parent/guardi > SEGTION4: RELEASE OF PERSONAL INFORMATION (TO BE COMPLETED) Attention Student: The Family Rights and Privacy Act (FERPA) of 19 third parties (including parents, guardians, siblings, etc.) without the signing this form below, you confirm that (1) you are the student, (your information on record, and (3) all information provided on thi guardianty authorize the release, and or review, of any and all any behavior/disciplinary status. I authorize the release of the following information to my guardians and all personal information on record, and all personal information on record, and all personal information on record, and all personal information only I Grades and attendance information only I Behavior/disciplinary status only Parent/Guardian Name: George Lopez Parent/Guardian Name: George Lopez Student's Signature: Important (Decomposition Completed by: Co	iian will be contacted.
NOTE: In case of an emergency, the above parent/guardi > SEGTION4: RELEASE OF PERSONAL INFORMATION (TO BE COMPLETED) Attention Student: The Family Rights and Privacy Act (FERPA) of 19 third parties (including parents, guardians, siblings, etc.) without the signing this form below, you confirm that (1) you are the student, (your information on record, and (3) all information provided on this any behavior/disciplinary status. I authorize the release, and or review, of any and all any behavior/disciplinary status. I authorize the release of the following information to my go I authorize the release of the following information on record, and all personal information on record, and all personal information on record, Grades and attendance information only I Behavior/disciplinary status only Parent/Guardian Name: George Lopez Parent/Guardian Name: George Lopez Student's Signature: Consigned by: HIGH SCHOOL TRANSCRIPT VERIEY APPLICATION REG DATE SAAADMS	iian will be contacted. PY-STUDENTONIX) PY-Prohibits the college from providing any information to any he express written consent of the student, regardless of age. By (2) you have made an indication below to withhold or release is form is complete and accurate. I personal information on record, my student records, and parent(s) or guardian(s) named below: ord (Print name) Date: 11/9/2020 10:55:15 AM PST USEONIX O GE HOLD 🗆 HSCH 🗆 UNITS 🗆 RESTRICTION
NOTE: In case of an emergency, the above parent/guardi > SECTION4: RELEASE OF PERSONAL INFORMATION (to be completed) Attention Student: The Family Rights and Privacy Act (FERPA) of 19 third parties (including parents, guardians, siblings, etc.) without the signing this form below, you confirm that (1) you are the student, (your information on record, and (3) all information provided on this any behavior/disciplinary status. I authorize the release, and or review, of any and all any behavior/disciplinary status. I authorize the release of the following information to my goardees and attendance information on record, Grades and attendance information only Behavior/disciplinary status only Parent/Guardian Name: George Lopez Parent/Guardian Name: George Lopez Student's Signature: DocuSigned by: HIGH SCHOOL TRANSCRIPT VERIFY APPLICATION REG DATE	iian will be contacted. EX-STUDEATONIX) P74 prohibits the college from providing any information to any he express written consent of the student, regardless of age. By (2) you have made an indication below to withhold or release is form is complete and accurate. I personal information on record, my student records, and parent(s) or guardian(s) named below: ord (Print name) Date: 11/9/2020 10:55:15 AM PST USEONLY
NOTE: In case of an emergency, the above parent/guardi > SECTION4: RELEASE OF PERSONAL INFORMATION (to be completed) Attention Student: The Family Rights and Privacy Act (FERPA) of 19 third parties (including parents, guardians, siblings, etc.) without the signing this form below, you confirm that (1) you are the student, (your information on record, and (3) all information provided on this igning this form below, you confirm that (1) you are the student, (your information on record, and (3) all information provided on this any behavior/disciplinary status. I adonot authorize the release, and or review, of any and all any behavior/disciplinary status. I authorize the release of the following information to my goard and all any behavior/disciplinary status. I authorize the release of the following information on record Grades and attendance information on record Grades and attendance information only Behavior/disciplinary status only Parent/Guardian Name: George Lopez Parent/Guardian Name: George Lopez I HIGH SCHOOL TRANSCRIPT VERIEY APPLICATION REG DATE SAAADMS	iian will be contacted. PY-STUDENTONIX) PY-Prohibits the college from providing any information to any he express written consent of the student, regardless of age. By (2) you have made an indication below to withhold or release is form is complete and accurate. I personal information on record, my student records, and parent(s) or guardian(s) named below: ord (Print name) Date: 11/9/2020 10:55:15 AM PST USEONIX O GE HOLD 🗆 HSCH 🗆 UNITS 🗆 RESTRICTION

HL 09/23/2020

DocuSign Envelope ID: 568E04E1-0881-4D9C-8A73-6D63B73A8DB9

PROVIDED BY DOCUSIGN ONLINE SIGNING SERVICE 999 3rd Ave, Sulte 1700 • Seattle • Washington 98104 • (206) 219-0201 www.docusign.com

CHABOT

Building 700, First Floor 25555 Hesperian Blvd., Hayward, CA 94545

A & R Administrator or Designee

Admissions & Records Office

Admissions & Records Office Building 1600, Second floor 3000 Campus Hill Drive Livermore, CA 94551



AB 2364 HIGH SCHOOL NON-RESIDENT EXEMPTION REQUEST			
This form is to be used in the event that you have applied to Las Positas or Chabot College for the purpose of enrolling under			
the Concurrent Enrollment program and was coded as a non-residency of California.			
To be eligible for this exemption, you must meet all of the following:			
 Completed all steps and documentation as required under the respective college's Concurrent Enrollment program. 			
 Approved/admitted under the respective colleges Concurrent Enrollment program. 			
You are a U.S. Citizen, permanent resident, DACA grantee or alien without lawful immigration status (undocumented).			
INSTRUCTIONS: To qualify for this exemption, fill out the required fields below and submit this form to the Admissions &			
Records Office of the college that you most recently applied to and/or is currently indicated as your Home Campus.			
STUDENT INFORMATION:			
(PRINT)	AT INFORMATION.		
Lopez	Humberto	W_15444789	
Last Name	First Name Middle	Chabot-Las Po	sitas College Student ID number
EXEMPTION REQUEST:			
I am requesting an exemption of non-resident status to the following institution (PICK ONE):			
	Chabot College		
	Las Positas College		
Check one box that applies to you:			
_			
	I am a U.S. Citizen, Permanent Resident (green card holder), Deferred Action for Childhood Arrival (DACA) grantee, or		
	an alien without lawful immigration status (undocumented). [Eligible for exemption]		
	Nonimmigrant alien as defined by federal law (nonimmigrant aliens have been admitted to the United States temporaril		
	y and include, but are not limited to, foreign students holding F or M visas and exchange visitors holding J visas.		
	[NOT eligible for exemption].		
STUDENT AGREEMENT:			
By signing below, I certify that the information provided on this form is truthful and accurate and that I meet all requirements			
listed on this form.			
- Ownfrankty:			
Student's Signature: Date: Dat			
IMPORTANT NOTICE:			
AB 2364 allows community colleges to exempt special part-time students, other than nonimmigrant aliens, as defined, from			
paying all or parts of the non-resident tuition fee if that student is admitted under the Concurrent Enrollment program.			
ADMISSIONS & RECORDS OFFICE USE ONLY			
		HSNR	Done by:
<u> </u>		Student attributed	

Date

Student notified

Date:

High School Transcript

DocuSign Envelope ID: 568E04E1-0881-4D9C-8A73-6D63B73A8DB9

DEMONSTRATION DOCUMENT ONLY PROVIDED BY DOCUSIGN ONLINE SIGNING SERVICE 999 3rd Ave, Suite 1700 • Seattle • Washington 98104 • (206) 219-021 www.docusign.com

HUMBERTO LOPEZ TEST

In Process