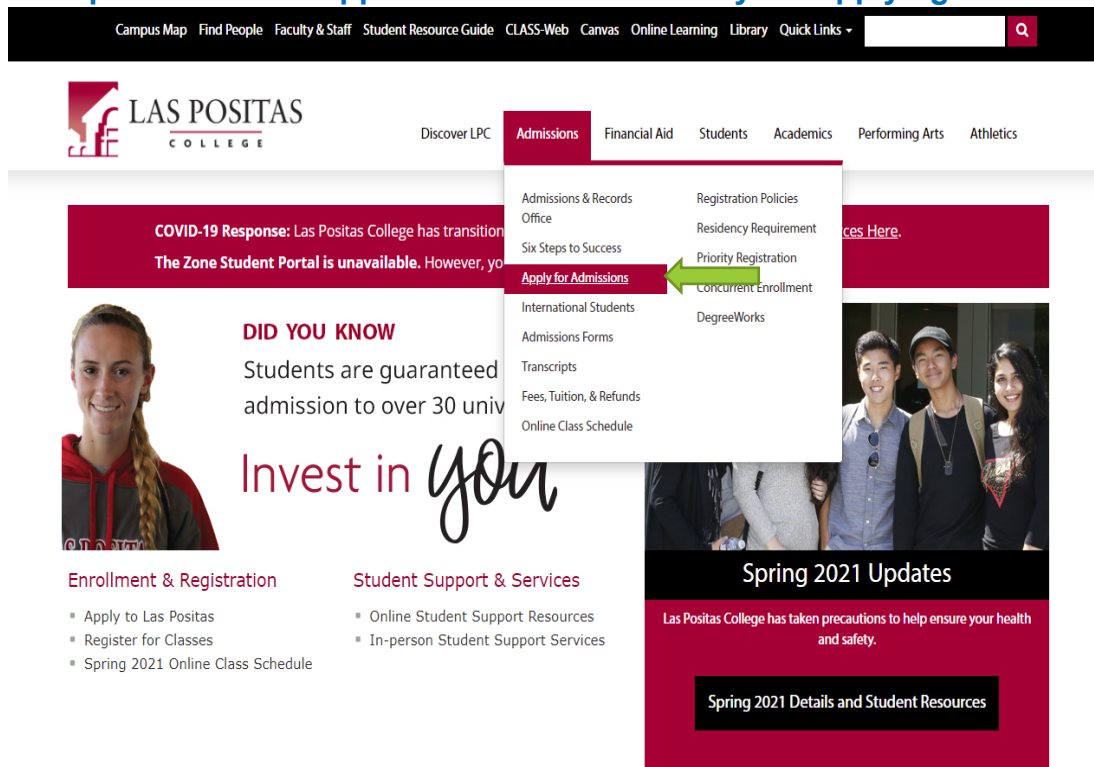
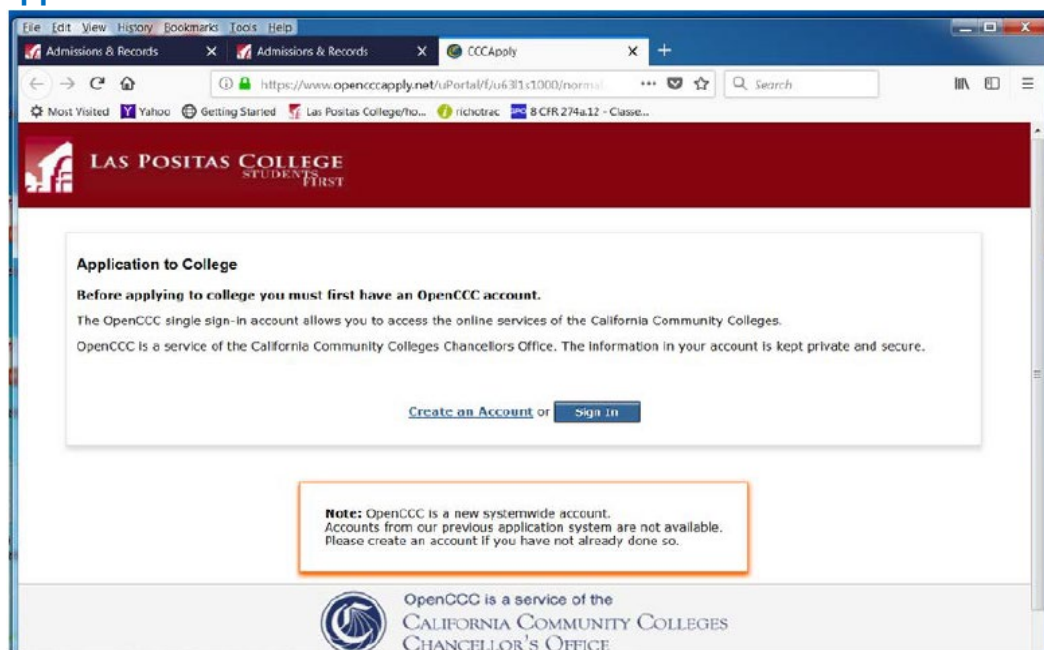


Steps to complete Concurrent Enrollment form through DocuSign

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 lpc-admissions@laspositascollege.edu

5. Go to Admissions-Concurrent Enrollment.

The screenshot shows the Las Positas College website. At the top is a navigation bar with links: Campus Map, Find People, Faculty & Staff, Student Resource Guide, CLASS-Web, Canvas, Online Learning, Library, Quick Links, and a search bar. Below this is a secondary navigation bar with links: Discover LPC, Admissions, Financial Aid, Students, Academics, Performing Arts, and Athletics. The 'Admissions' link is highlighted, and a dropdown menu is open, showing options: Admissions & Records Office, Six Steps to Success, Apply for Admissions, International Students, Admissions Forms, Transcripts, Fees, Tuition, & Refunds, Online Class Schedule, Registration Policies, Residency Requirement, Priority Registration, Concurrent Enrollment (highlighted with a green arrow), and DegreeWorks. Below the navigation bar, there is a banner for 'COVID-19 Response' stating that the Zone Student Portal is unavailable. To the left of the banner is a photo of a student giving a thumbs up. To the right is a 'DID YOU KNOW' section stating that over 43% of Las Positas students are eligible for financial aid to attend college, with the text 'Invest in you' below it. Below the banner, there are two columns of links: 'Enrollment & Registration' (Apply to Las Positas, Register for Classes, College Catalog, Spring 2021 Class Schedule (pdf), Spring 2021 Online Class Schedule, Degrees & Certificates) and 'Student Support & Services' (Counseling, Library, Tutorial Center, Reading & Writing Center (RAW), Computer Center, SmartShop Workshops, Integrated Learning Center). At the bottom right, there is a section for 'Plans for Spring 2021' with a sub-section for 'Plans for Spring Semester 2021'.

6. Please review all the information and go to [Concurrent Enrollment Steps](#). 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):	<input type="text" value="Humberto Lopez"/>
Your Email (Student):	<input type="text" value="betolopez28@hotmail.c"/>
Your School Principal / Designee Name:	<input type="text" value="Eric Colloway"/>
Your School Principal / Designee Email:	<input type="text" value="collowayeric@dublinusc"/>
Your Parent or Guardian Name:	<input type="text" value="George Lopez"/>
Your Parent or Guardian Email:	<input type="text" value="glopez4551@hotmail.c"/>

☐ I'm not a robot



reCAPTCHA
[Privacy](#) • [Terms](#)

Submit ←

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




Please enter the access code to view the document

 **Arash Sayadi**
Las Positas College

An email has just been sent to your email address with a special validation code in it. To proceed to sign your documents please open your email, and enter the code into the box below. Keep this browser window open while you get your email.

Access Code




VALIDATE


I NEVER RECEIVED AN ACCESS CODE

[Show Text](#)

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.

 Please read the Electronic Record and Signature Disclosure.

☒ I agree to use electronic records and signatures.

CONTINUE  ACTIONS ▼

LPC Student ID (W) Number (DO NOT put high school ID number or Social Security number)

School Address:

Last Name

First Name

Middle Name

Street Address

City, State, zip

- select -

Phone Number


Date of Birth

hlopez@laspositascollege.edu

Email (registration notification will be sent here)

By signing this form:

- I certify that I am in the 10th, 11th, or 12th grade.
- I acknowledge that I will be earning college credit for courses completed at Las Positas College.
- I will abide by the policies and enrollment conditions of the Concurrent Enrollment Program.
- I understand I will be dropped from courses not listed on my recommendation
- I understand that after completion and approval of this form, I need to register for the approved class(es) online via CLASS-Web.
- I understand that courses listed on this recommendation are for Las Positas College only.
- I acknowledge that my high school's authorized official will be attaching a copy of my high school transcript.

Studentsignature 

SECTION 2: SCHOOL PRINCIPAL or DESIGNEE (TO BE COMPLETED BY SCHOOL PRINCIPAL or DESIGNEE ONLY)

REQUESTED COURSES

SUBJECT & NUMBER (e.g. Eng 1A)	UNITS	*PREREQUISITES	SUBJECT & NUMBER (e.g. Eng 1A)	UNITS	*PREREQUISITES
1. <input type="text"/>	<input type="text"/>	<input type="text"/>	11. <input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	12. <input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>	13. <input type="text"/>	<input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>	<input type="text"/>	14. <input type="text"/>	<input type="text"/>	<input type="text"/>

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

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

DEMONSTRATION DOCUMENT ONLY
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999 3rd Ave, Suite 1700 • Seattle • Washington 98104 • (206) 219-0200
www.docusign.com

Recommendation For Concurrent Enrollment Form
Office of Admissions and Records, 3000 Campus Hill Drive, Livermore, CA 94551. lpc-concurrent@laspositascollege.edu.
Before submitting this form, you must complete a current online admission application.
Your current official high school transcript must be included with this form.

Term:
Year:

➤ SECTION 1: STUDENT INFORMATION (TO BE COMPLETED BY STUDENT ONLY)

Application Confirmation # Required:

W Current Grade Level: ☐ 10th ☐ 11th ☒ 12th
LPC Student ID (W) Number (DO NOT put high school ID number or Social Security number)

Last Name First Name Middle Name


Street Address

City, State, Zip

- /
Phone Number Date of Birth

Email (registration notification will be sent here)

By signing this form:
 • I certify that I am in the 10th, 11th, or 12th grade.
 • I acknowledge that I will be earning college credit for courses completed at Las Positas College.
 • I will abide by the policies and enrollment conditions of the Concurrent Enrollment Program.
 • I understand I will be dropped from courses not listed on my recommendation.
 • I understand that after completion and approval of this form, I need to register for the approved class(es) online via CLASS-Web.
 • I understand that courses listed on this recommendation are for Las Positas College only.
 • I acknowledge that my high school's authorized official will be attaching a copy of my high school transcript.

Students signature: ☒ 

➤ SECTION 2: SCHOOL PRINCIPAL or DESIGNEE (TO BE COMPLETED BY SCHOOL PRINCIPAL or DESIGNEE ONLY)

REQUESTED 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.		

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

➤ SECTION 4: RELEASE OF PERSONAL INFORMATION (TO BE COMPLETED BY STUDENT ONLY)

Attention Student: The Family Rights and Privacy Act (FERPA) of 1974 prohibits the college from providing any information to any third parties (including parents, guardians, siblings, etc.) without the express written consent of the student, regardless of age. By signing this form below, you confirm that (1) you are the student, (2) you have made an indication below to withhold or release your information on record, and (3) all information provided on this form is complete and accurate.

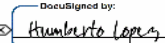
☐ I do not authorize the release, and or review, of any and all personal information on record, my student records, and any behavior/disciplinary status.

☒ I authorize the release of the following information to my parent(s) or guardian(s) named below:

☒ Any and all personal information on record
☒ Grades and attendance information only
☒ Behavior/disciplinary status only

Parent/Guardian Name (Print name)

Parent/Guardian Name (Print name)

DocuSigned by:
Student's Signature: ☒  Date:

4/332748-31-AAGGAA

FOR OFFICE USE ONLY

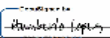
☐ HIGH SCHOOL TRANSCRIPT
VERIFY APPLICATION ☐ REG DATE | ☐ CE HOLD | ☐ HSCH | ☐ UNITS | ☐ RESTRICTION

☐ SAAADMS
Admissions & Records Staff: _____ Date: _____


☐ SWAAPPL
APPROVED _____

☐ DENIED
Dean of Enrollment Services: _____ Date: _____

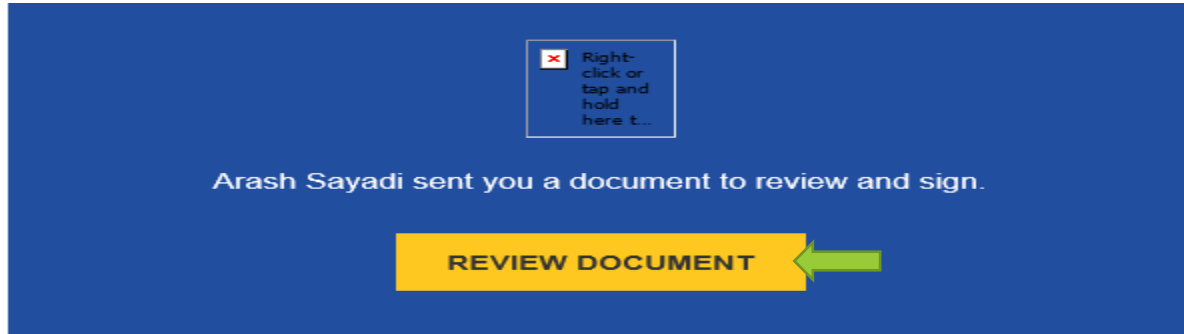
12. US citizen, Permanent Resident, Daca grantee and undocumented students that are qualified as non-residents of California can fill out the AB2364 non-resident exemption form. Students need to fill out this form to go forward.

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: <ul style="list-style-type: none">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)			
<div>Lopez</div> <small>Last Name</small>	<div>Humberto</div> <small>First Name</small>	<div></div> <small>Middle</small>	<div>W 15444789</div> <small>Chabot-Las Positas College Student ID number</small>
EXEMPTION REQUEST:			
I am requesting an exemption of non-resident status to the following institution (PICK ONE):			
<input type="radio"/> Chabot College			
<input checked="" type="radio"/> Las Positas College			
Check one box that applies to you:			
<input checked="" type="radio"/> 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]			
<input type="radio"/> Nonimmigrant alien as defined by federal law (nonimmigrant aliens have been admitted to the United States temporarily 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.			
Student's Signature: 		Date: 11/9/2020 10:48:39 AM PST	
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			

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

Save a Copy of Your Document		
		
Your document has been signed		
If you would like a copy for your records, select Download or Print and save.		
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 [Electronic Record and Signature Disclosure](#).

☒ I agree to use electronic records and signatures.

CONTINUE **OTHER ACTIONS ▾**


UPC Student ID (W) Number (DO NOT put high school ID number or Social Security number)

Amador Valley

School Address: **1155 Santa Rita Rd.**

By signing this form:

- I certify that I am in the 10th, 11th, or 12th grade.
- I acknowledge that I will be earning college credit for courses completed at Las Positas College.
- I will abide by the policies and enrollment conditions of the Concurrent Enrollment Program.
- I understand I will be dropped from courses not listed on my recommendation.
- I understand that after completion and approval of this form, I need to register for the approved class(es) online via CLASS-Web.
- I understand that courses listed on this recommendation are for Las Positas College only.
- I acknowledge that my high school's authorized official will be attaching a copy of my high school transcript.

Students signature: 

SECTION 2: SCHOOL PRINCIPAL or DESIGNEE (TO BE COMPLETED BY SCHOOL PRINCIPAL or DESIGNEE ONLY)

REQUESTED 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.		

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

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

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Las Positas College
Office of Admissions & Records, Bldg.1600
3000 Campus Hill Drive • Livermore, California 94551

Student's Name: Humberto Lopez LPC Student ID #: W 15444789

SECTION 3: PARENT or GUARDIAN AUTHORIZATION FOR MINORS (TO 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 Concurrent Enrollment Program.
- I certify that the school Principal or Designee named above is my child's school / district authorized representative.
- I hereby give permission to release my child's high school transcript to Las Positas College.
- I hereby give permission to my minor child to use the services provided at the Student Health Center.

(NOTE: The Student Health Center providers are bound by confidentiality even though they are treating minors)

As the parent / guardian, do you know of any medical problems we should be aware of for this student?

☐ No ☒ Yes. List medical problem(s) (E.g. heart disease, allergies, mental health, etc.):
Asthma

Parent / Guardian (Signature)  Date: 11/9/2020 | 11:03:32 AM PST

NOTE: In case of an emergency, the above parent/guardian will be contacted.

SECTION 4: RELEASE OF PERSONAL INFORMATION (TO BE COMPLETED BY STUDENT ONLY)

Attention Student: The Family Rights and Privacy Act (FERPA) of 1974 prohibits the college from providing any information to any third parties (including parents, guardians, siblings, etc.) without the express written consent of the student, regardless of age. By signing this form below, you confirm that (1) you are the student, (2) you have made an indication below to withhold or release your information on record, and (3) all information provided on this form is complete and accurate.

☐ I **do not** authorize the release, and or review, of any and all personal information on record, my student records, and any behavior/disciplinary status.

☒ I authorize the release of the following information to my parent(s) or guardian(s) named below:

- ☒ Any and all personal information on record
- ☒ Grades and attendance information only
- ☒ Behavior/disciplinary status only

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

Save a Copy of Your Document



Your document has been signed

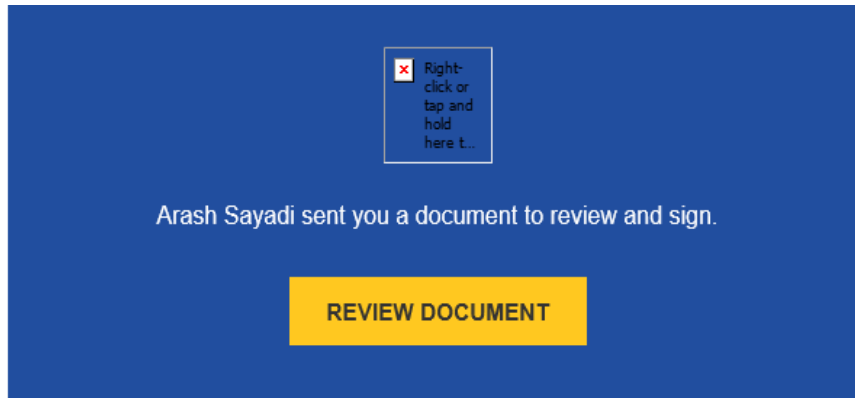
If you would like a copy for your records, select Download or Print and save.

DOWNLOAD

PRINT

CLOSE


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

hlopez@laspositascollege.edu
Email (registration notification will be sent here)

I acknowledge that my high school's authorized official will be attaching a copy of my high school transcript.

Students signature  _____

SECTION 2: SCHOOL PRINCIPAL or DESIGNEE (TO BE COMPLETED BY SCHOOL PRINCIPAL or DESIGNEE ONLY)

REQUESTED 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.		
10.			20.		

COURSE RESTRICTIONS:


- Concurrent Enrollment is limited to a maximum of 11 units per semester (6 units for Summer session).
- Enrollment in Kinesiology (P.E.) and basic skills courses (Eng 104 level, all ESL courses, Math 107 level) are not allowed (Ed. Code 48800).
- You may ONLY list LPC courses above.



*Many courses require the completion of prerequisite courses taken at Las Positas College or their equivalent at another institution. Consult the course description in the class schedule or college catalog for identification of prerequisites. (Title 5, Sec. 55500).

*To enroll in English and Math courses, you must first take the Assessment test. Subsequent English and Math courses can be taken and passed to clear higher level courses. Assessment testing schedule can be viewed here: www.laspositascollege.edu/assessmentcenter/index.php



AUTHORIZED SCHOOL OFFICIALS (Signatures are required every term. Initials or rubber stamps NOT acceptable.)

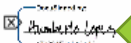

As per Ed. Code 76001, the high school Principal or Designee of the school certifies, by signing this form, that no more than 5 percent of the total number of students per grade level shall be recommended for Concurrent Enrollment at Las Positas College.

I certify that the above recommended **11**  are based on the student's ability to benefit from "advanced scholastic or vocational work."

I certify that I have attached a copy of the student's transcript Yes ☒ No ☐  

I certify that I am the school Principal / Designee, and authorized to sign this form.

Principal or Designee (Print Name)  Humberto Lopez _____ Phone: **9254512546** 

Principal or Designee (Signature)  _____ Date: 11/9/2020 | 11:10:36 AM PST 

HL 09/23/2020

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.

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DEMUNSTRATION DOCUMENT ONLY

PROVIDED BY DOCUSIGN ONLINE SIGNING SERVICE

999 2nd Ave, Suite 1700 • Seattle • Washington 98104 • (206) 219-0200

www.docusign.com



Recommendation For Concurrent Enrollment Form

Office of Admissions and Records 3000 Campus Hill Drive, Livermore, CA 94551. lpc-concurrent@laspositascollege.edu.

Before submitting this form, you must complete a current online admission application.

Your current official high school transcript must be included with this form.

Term: Spring

Year: 2021

SECTION 1: STUDENT INFORMATION (TO BE COMPLETED BY STUDENT ONLY)					
W 15444789 Current Grade Level: <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input checked="" type="checkbox"/> 12th <small>LPC Student ID (W) Number (DO NOT put high school ID number or Social Security number)</small>			Application Confirmation # Required: <u>1847521</u>		
Lopez Humberto <small>Last Name First Name Middle Name</small>			Name of School: <u>Amador Valley</u>		
2116 Willow Rd <small>Street Address</small>			School Address: <u>1155 Santa Rita Rd.</u>		
Pleasanton California 94588 <small>City, State, Zip</small>			By signing this form: <ul style="list-style-type: none"> I certify that I am in the 10th, 11th, or 12th grade. I acknowledge that I will be earning college credit for courses completed at Las Positas College. I will abide by the policies and enrollment conditions of the Concurrent Enrollment Program. I understand I will be dropped from courses not listed on my recommendation. I understand that after completion and approval of this form, I need to register for the approved class(es) online via CLASS-Web. I understand that courses listed on this recommendation are for Las Positas College only. I acknowledge that my high school's authorized official will be attaching a copy of my high school transcript. 		
(825) 354 - 2589 08 / 25 / 2001 <small>Phone Number Date of Birth</small>			Students Signature		
hlopez@laspositascollege.edu <small>Email (registration notification will be sent here)</small>					
SECTION 2: SCHOOL PRINCIPAL or DESIGNEE (TO BE COMPLETED BY SCHOOL PRINCIPAL or DESIGNEE ONLY)					
REQUESTED 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.		
10.			20.		
COURSE RESTRICTIONS: <ul style="list-style-type: none"> Concurrent Enrollment is limited to a maximum of 11 units per semester (6 units for Summer session). Enrollment in Kinesiology (P.E.) and basic skills courses (Eng 104 level, all ESL courses, Math 107 level) are not allowed (Ed. Code 48800). You may ONLY list LPC courses above. 			*Many courses require the completion of prerequisite courses taken at Las Positas College or their equivalent at another institution. Consult the course description in the class schedule or college catalog for identification of prerequisites. (Title 5, Sec. 55500). *To enroll in English and Math courses, you must first take the Assessment test. Subsequent English and Math courses can be taken and passed to clear higher level courses. Assessment testing schedule can be viewed here: www.laspositascollege.edu/assessmentcenter/index.php		
AUTHORIZED SCHOOL OFFICIALS (Signatures are required every term. Initials or rubber stamps NOT acceptable.) As per Ed. Code 76001, the high school Principal or Designee of the school certifies, by signing this form, that no more than 5 percent of the total number of students per grade level shall be recommended for Concurrent Enrollment at Las Positas College.					
<ul style="list-style-type: none"> I certify that the above recommended <u>11</u> # of units are based on the student's ability to benefit from "advanced scholastic or vocational work." I certify that I have attached a copy of the student's transcript Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 					
<ul style="list-style-type: none"> I certify that I am the school Principal / Designee, and authorized to sign this form. 					
Principal or Designee (Print Name) <u>Humberto Lopez</u>			Phone: <u>9254512546</u>		
Principal or Designee (Signature)			Date: <u>11/9/2020 11:12:55 AM PST</u>		

HL 09/23/2020



Las Positas College
Office of Admissions & Records, Bldg. 1600
3000 Campus Hill Drive • Livermore, California 94551

Student's Name: Humberto LopezLPC Student ID #: W 15444789
SECTION 3: PARENT or GUARDIAN AUTHORIZATION FOR MINORS (TO BE COMPLETED BY PARENT or GUARDIAN ONLY)
Parent / Guardian (Print Name): Humberto LopezRelationship to minor student: FatherParent / Guardian phone: (925) 4522451

By signing this form

- I acknowledge my child's participation in Las Positas College's Concurrent Enrollment Program.
- I certify that the school Principal or Designee named above is my child's school / district authorized representative.
- I hereby give permission to release my child's high school transcript to Las Positas College.
- I hereby give permission to my minor child to use the services provided at the Student Health Center.
(NOTE: The Student Health Center providers are bound by confidentiality even though they are treating minors)
- As the parent / guardian, do you know of any medical problems we should be aware of for this student?

☐ No ☒ Yes. List medical problem(s) (E.g. heart disease, allergies, mental health, etc.):
Asthma

Parent / Guardian (Signature)

Date: 11/9/2020 | 11:05:37 AM PST**NOTE: In case of an emergency, the above parent/guardian will be contacted.**
SECTION 4: RELEASE OF PERSONAL INFORMATION (TO BE COMPLETED BY STUDENT ONLY)

Attention Student: The Family Rights and Privacy Act (FERPA) of 1974 prohibits the college from providing any information to any third parties (including parents, guardians, siblings, etc.) without the express written consent of the student, regardless of age. By signing this form below, you confirm that (1) you are the student, (2) you have made an indication below to withhold or release your information on record, and (3) all information provided on this form is complete and accurate.

☐ I **do not** authorize the release, and or review, of any and all personal information on record, my student records, and any behavior/disciplinary status.

☒ I authorize the release of the following information to my parent(s) or guardian(s) named below:

- ☒ Any and all personal information on record
- ☒ Grades and attendance information only
- ☒ Behavior/disciplinary status only

Parent/Guardian Name: Humberto Lopez

(Print name)

Parent/Guardian Name: George Lopez

(Print name)

Student's Signature:

Date: 11/9/2020 | 10:55:15 AM PST
FOR OFFICE USE ONLY
☐ HIGH SCHOOL TRANSCRIPT

VERIFY APPLICATION

☐ REG DATE ☐ CE HOLD ☐ HSCH ☐ UNITS ☐ RESTRICTION

☐ SAAADMS

☐ SWAAPPL

Admissions & Records Staff: _____

Date: _____

☐ APPROVED

☐ DENIED

Dean of Enrollment Services: _____

Date: _____



Admissions & Records Office
 Building 700, First Floor
 25555 Hesperian Blvd.,
 Hayward, CA 94545

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)

Lopez Humberto W 15444789
 Last Name First Name Middle Chabot-Las Positas 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 temporarily 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.

Student's Signature: [Signature] Date: 11/9/2020 | 10:55:15 AM PST

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

A & R Administrator or Designee	Date	<input type="checkbox"/> HSNR	Done by: _____
		<input type="checkbox"/> Student attributed	
		<input type="checkbox"/> Student notified	Date: _____

High School Transcript

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

DEMONSTRATION DOCUMENT ONLY

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HUMBERTO LOPEZ TEST

In Process