



Anaheim Main Campus: 1126 N. Brookhurst St., Anaheim, CA 92801-1701
Tel: 714-533-1495 Fax: 714-533-6040
 Los Angeles Campus: 2727 W. 6th St., Los Angeles, CA 90057-3139
Tel: 213-738-0712 Fax: 213-480-1332

CALE Document Request Form

Student Name _____ **ID #** _____
Last First Middle

Campus: AN LA **Graduate Quarter:** _____ **DOB** _____ / _____ / _____
mm dd year

CONSENT TO RELEASE INFORMATION

Authorization Form

By providing my signature below, I hereby authorize the California Acupuncture Board, its agents and/or contractors to release scores and/or results of my California Acupuncture Licensure Examination on _____ / _____ / _____ to South Baylo University at 1126 N. Brookhurst Street Anaheim, CA 92801

Completion and signing of this consent form authorizes release of information to the Institution named above upon their request. The information released will be used by the Institution solely for assessment of program effectiveness, evaluation of student learning, and achievement of program objectives and institutional goals. The released information will be retained by the Institution in accordance with approved Records and Information Management guidelines, after which it will be destroyed in a secure manner.

Date : _____ / _____ / _____ Student Signature : _____

***Release of student information, without student written request, to a third party is prohibited by the Family Education Right Privacy Act of 1794.*

Please indicate your selection

- CA Board Preparation \$30
 Official Transcript \$20 (Graduate)

Please mark below

- CNT completed with SBU? Yes No
- CCE II passed? Yes No
- GEM (Graduate Evaluation Master's Degree) paid? (\$350) Yes No
- CLF (Clearance Form) completed? Yes No

CNT, Transfer Credit (TC) Form and the SBU Final Transcript (with graduation date) cannot be submitted separately. All preparation documents will be sent to Acupuncture Board together.

For OFFICE USE ONLY

Amount paid \$ _____ Receipt # _____