



## **Designated Signatories**

### ***K - 12 Special Admit Students Authorization Form***

Name of School: \_\_\_\_\_

Address of School: \_\_\_\_\_

Name of School District: \_\_\_\_\_

*\*Only signatures identified on this form will be accepted as authorization from your high school.*

**1) School Principal**

Print Name: \_\_\_\_\_ Print Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Date: \_\_\_\_\_

**2) Designated Alternate Person**

Print Name: \_\_\_\_\_ Print Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Date: \_\_\_\_\_

**3) Designated Alternate Person**

Print Name: \_\_\_\_\_ Print Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Date: \_\_\_\_\_

**4) Designated Alternate Person**

Print Name: \_\_\_\_\_ Print Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return completed form to: Denise S. Leacock-Kendall  
Admissions & Records Office  
Fullerton College  
321 East Chapman  
Fullerton, CA 92832**