

LOS ANGELES UNIFIED SCHOOL DISTRICT

City of Angels School

**REQUEST FOR VERIFICATION OF GRADE POINT
AVERAGE (G.P.A.)**

Fax Form to: (213) 742-9605

OR

Mail form to: City of Angels School
1449 So. San Pedro Street
Los Angeles, CA 90015

(Allow 72 hours for processing)

Student's Name: _____

Birthdate: _____

Telephone Number: _____

Teacher's Name: _____

I need my Grade Point Average for:

_____ **College**

_____ **Financial Aide**

_____ **Insurance**

_____ **Department of Children's Services**

Please calculate and mail to:

Address:

Student Signature (if over 18)

Parent Signature (if under 18)