

**CEDARCREST HIGH SCHOOL
29000 NE 150TH STREET
DUVALL, WA 98019**

AUTHORIZATION FOR WITHDRAWAL

I, _____ as a custodial parent of
_____ am authorizing that
_____ will be recorded as the last day of
attendance at Cedarcrest High School. He/She will be enrolled at

(Name of School) (City) (State) (Zip)

(Parent/Guardian Signature)

Date of Birth _____