



Transcript Request Form

1. **Student Information**
(please print)

Last _____ First _____ Middle _____

Date of Birth: _____ Dates of Attendance: _____ Grade: _____
(only if no longer attending)

2. **Applicant Information**
(please print)

Last _____ First _____ Middle _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Email _____

3. **Applicant's Relationship to Student**

I am (check one):

- The person named (as indicated in item 1) and that I am at least 18 years of age.
- The parent or legal guardian of the person named in item 1.
- A party entitled to receive the record(s) as a result of a court order (Court order # _____ State _____).
- A member of a law enforcement or government agency, as provided by law, who is conducting official business.
- An attorney representing the person named in item 1 or a person or agency empowered by statute or appointed by a court to act on behalf of the person named in item 1.

4. **Applicant's Statement Under Penalty of Perjury**

I, _____, swear under penalty of perjury under the laws of the State of California, that I am a person authorized (as indicated in item 3) to receive a copy of the student transcripts.

Executed (signed) on (date) _____ at (City and State) _____

(Signature) _____ (Witness) _____

5. **Transcript Request**

Type requested: Unofficial Copy Official Copy Sealed Official Copy* Number requested:

Transcript Mailing Address (if applicable): _____

Will Pick Up _____

*Please fill-in Transcript Mailing Address