

TRANSCRIPT ORDER FORM

Date: _____

Student Name: _____ Birthdate: _____

Phone # _____ Current Grade: _____ or Year Graduated: _____

Number of transcripts: Official _____ Unofficial _____

For: UC/CSU _____ Community College _____ Private College _____ Scholarships/Grants _____

****FOR GRADUATES: No charge for the 1st two officials. \$2.00 fee for each additional official transcript. (Cash Only)**

****NOTE: REQUESTS FOR 1-4 REQUIRES 2 DAYS NOTICE ** 5 OR MORE TRANSCRIPTS REQUIRES 1 WEEKS NOTICE****

_____ To be picked up (front desk in the main office)

_____ To be mailed to (school/organization only):

Name and address where transcript is to be mailed: (please print clearly)

Transcripts may also be requested by emailing the above information to: cyndimassa@cusd.com