



# FULLERTON JOINT UNION HIGH SCHOOL DISTRICT

*Education and Assessment Services*

Student Records/Transcript Desk

1051 West Bastanchury Road, Fullerton, California 92833-2247

Office 714-870-2844 Fax 714-870-2979

## STUDENT TRANSCRIPT REQUEST FORM

Please fill out completely and return to the Student Records/Transcript Desk at the address above either by mail OR in person. *A VALID PICTURE ID IS REQUIRED. IF SUBMITTING THIS REQUEST BY MAIL, PLEASE INCLUDE A PHOTOCOPY OF YOUR ID.*

TODAY'S DATE: / /	NAME WHILE ATTENDING:		
DATE OF BIRTH: / /	NAME NOW (IF DIFFERENT):		
TELEPHONE NUMBER: ( ) /	EMAIL ADDRESS:		
MAILING ADDRESS:		CITY:	STATE: ZIP:
LAST SCHOOL ATTENDED:		LAST YEAR ATTENDED:	GRADUATED? <input type="checkbox"/> YES <input type="checkbox"/> NO
OFFICIAL TRANSCRIPT	UNOFFICIAL TRANSCRIPT	VERIFICATION LETTER	IMMUNIZATION RECORD
Qty:	Qty:	Qty:	Qty:
STUDENT SIGNATURE: <b>X</b>			

**I WILL PICK UP MY RECORDS** *(You will receive a phone call when the records are ready to be picked up).*

**SOMEONE ELSE WILL BE PICKING UP MY RECORDS ON MY BEHALF** Name: \_\_\_\_\_  
Relationship to requestor: \_\_\_\_\_

**MAIL MY RECORDS TO MY MAILING ADDRESS ABOVE**

**MAIL MY RECORDS TO AN EMPLOYER OR EDUCATIONAL AGENCY** Recipient Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, ZIP \_\_\_\_\_

**SEND A COPY OF MY REQUESTED RECORDS VIA E-MAIL OR FAX (UNOFFICIAL):** Recipient Name: \_\_\_\_\_  
E-mail address/ Fax #: \_\_\_\_\_

FEES
<ul style="list-style-type: none"> <li>Official Transcripts /Verification Letters /Immunizations: <b>\$5 per copy</b></li> <li>Unofficial Transcripts picked up/faxed/emailed: <b>NO charge</b></li> </ul> <p><i>In person payments can be made in cash, check or money order.</i></p> <p><i>Mailed requests must include check or money order (please do not mail cash).</i></p>

OFFICE USE ONLY
ID: _____
PAID: _____
DATE PROCESSED: _____
FILE LOCATION: _____