

**TRANSCRIPT ORDER FORM**

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Phone # \_\_\_\_\_ Current Grade: \_\_\_\_\_ or Year Graduated: \_\_\_\_\_

Number of transcripts: Official (Stamped/Sealed in Envelope) \_\_\_\_\_ Unofficial (unsealed) \_\_\_\_\_

**\*\*PAST GRADUATES: No charge for the 1<sup>st</sup> two officials post graduation. \$2.00 fee for each additional official transcript. (Cash Only)**

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

\_\_\_\_\_ To be picked up (in registrar’s office)

\_\_\_\_\_ To be mailed to (school/organization only):

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

**\*NOTE: USE BACK SIDE FOR ADDITIONAL SCHOOLS**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

***Transcripts may also be requested by emailing the above information to: [cyndimassa@cusd.com](mailto:cyndimassa@cusd.com)***

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