



TRANSCRIPT REQUEST FORMER STUDENTS

PRINT NAME: _____
LAST (at time of attendance) FIRST MI

DOB: ___/___/___

PHONE NO: _____

GRADUATION YEAR: _____ -OR- LAST YEAR ATTEND: _____

**THERE IS A \$2.00 FEE PER TRANSCRIPT
PAYABLE IN CASH OR MONEY ORDER ONLY**

SIGNATURE: _____ DATE: _____

Please Note:

Please allow 5 – 7 days for processing. The Registrar will contact you when your transcripts are ready to be picked and the payment can also be made at this time. Should you have any questions, please feel free to call our Registrar Ms. Jauregui at 626-974-6123 / ejaregui@c-vusd.org