



5451 Lemon Hill Avenue, Sacramento, CA 95824(916)395-5800

Fax (916)433-2640

Mariana-Coronel@scusd.edu

- CAJ - OFFICIAL TRANSCRIPT (\$20.00)**
 - Additional Official Transcript (\$5.00 each)**
- CAJ – AFFIDAVIT/RECERTIFICATION RESEARCH OF COMPLETED COURSEWORK/GRADUATION FOR PHARMACY TECHNICIAN (\$20.00)**
- CAJ - GED TRANSCRIPT** *taken PRIOR to 1990 (no fee)*
(Records for all tests taken **1990 and later** must go to www.gedtesingservice.com)
- FREMONT - ACADEMIC TRANSCRIPT (no fee)**
 - High School Diploma** *(Fremont only)*
 - GED** *taken PRIOR to 1990*

ALL requests must be formal, in writing, with all information completed including student’s signature and date. Payment by guaranteed funds ONLY (cash, cashier’s check, money order, etc. - **no personal checks**) collected at time of request. DO NOT MAIL CASH. **Allow 10-15 working days for processing (done in the order received).**

PLEASE PRINT CLEARLY

Have you requested a transcript in the past? Yes / No

Student ID#: _____ Birth Date: _____

Student Name: _____
(Last) (First) (Middle Initial)

Other Name(s) Used During Attendance: _____ Yes / No

Phone #: _____ Last 4 SSN#: _____

Address: _____
(Street)

(City) (State) (ZIP)

E-mail Address: _____

Program: _____ Completed? Yes / No

Dates of Attendance: _____ to _____

Reason for Transcript: _____

Transcript to be: Pick up Mail to: _____
(Name)

(Address)

(City) (State) (ZIP)

IMPORTANT NOTICE: No transcript(s) will be issued if a balance exists on the student’s account. In that instance, this payment will be applied to that balance.

Student Signature: _____ Date: _____

| | | |
|-------------------------------|---|-----------------------|
| OFFICE USE ONLY | | |
| Payment: Date: _____ | Receipt #: _____ | Amount: _____ |
| Transcript: Issue Date: _____ | <input type="checkbox"/> Mailed / <input type="checkbox"/> Picked-up: _____ | _____ |
| | <small>(Student Signature)</small> | <small>(Date)</small> |