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☐ **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 AND ATTACH A GOVERNMENT ISSUED PICTURE ID.

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 ☐ Email ☐ Mail to:

(Name) OR (Email)

(Address)

(City)

(State)

(ZIP)

IMPORTANT NOTICE: No transcript(s) will be issued if a balance exists on the student's account. .

Student Signature: _____ Date: _____

OFFICE USE ONLY

Payment: Date: _____ Receipt #: _____ Amount: _____

Transcript: Issue Date: _____ ☐ Mailed / ☐ Picked-up: _____
(Student Signature) (Date)