El Dorado Union High School District Request for Transcripts

For all transcripts requested to be sent by US mail to colleges, scholarship programs, or to other organizations: Please provide a properly addressed envelope with adequate postage. No transcript fee will be charged to current students. Graduates will receive the first two copies of their transcript free of charge. Additional copies for graduates are \$1.00 each. Please attach the stamped addressed envelope(s) to this Request for Transcripts form.

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Student Name	Stamped dad cooca chivelo	22,07 10 11110 1109		Today's					
(Name used in				Date:					
High School):		T =							
Student Date of Birth:		Student I	D #:						
Student Phone#		School		Year of Graduation:					
	U.C. and C.S.U. Campuses- DO N	I I I I I I I I I I I I I I I I I I I	I IPTS SENT WITH APPLI	CATION					
✓ Select One:	☐ Current Transcript								
	□ RUSH: Current Transcript: Reason:								
	☐ Mid-Year Report – after First Semester grades are recorded								
	\square Final Transcript – After graduation / second semester, grades are recorded.								
✓ Needed for:	☐ College	☐ Employmen	t						
	☐ Scholarship	□ Other							
Number of Transcripts Needed:		Official: Unofficial:		Unofficial:					
✓ Choose One:	☐ Pick up at school								
	☐ Mailing requested								
	☐ Fax: (Provide fax #, name	□ Fax: (Provide fax #, name of institution, and contact person)							
	Name of Institution:		·	•					
	Name of Contact:								
	Fax Number								
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	Mail Transcript(s) to: Name of S	school/Program,	Address, City, Sta	te, Zip Code					
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FOR OFFICE USE ONLY									
Date		Initials		Fee's Paid		Initials			
Mailed									