TRANSCRIPT REQUEST INFORMATION

PLEASE READ BEFORE COMPLETING THE TRANSCRIPT REQUEST FORM

While the schools are closed during the summer, the transcript request form below must be completed and submitted to the RJUHSD District Office located at 1750 Cirby Way, Roseville. The form can also be faxed to (916) 786-2681. The District Office is open Monday through Thursday, 7:30 a.m. to 4 p.m.

Transcript requests take one week to process. **Unfortunately, the process cannot be expedited since the schools are closed.** The District Office will call you when your transcripts are ready to be picked up.

If you want your transcript sent to a college or institution, you must provide a stamped envelope addressed to the college or institution. Use your home address as the return address.

The first two transcripts you request after graduating are provided free of charge. After two transcripts, the cost is $3.00 each. **Exact change must be provided**. Checks are not accepted.

If you have already requested to have transcripts sent to a college or institution, a request to re-sent those transcripts will not be processed unless you provide proof indicating the institution did not receive your transcript (example: an email).

ROSEVILLE JOINT UNION HIGH SCHOOL DISTRICT

TRANSCRIPT REQUEST

completed by _____ date _____

Transcripts are official documents and are signed and sealed by the School Official. They can only be released to the student when requested in writing, or a parent or guardian if the student is under 18 years of age.

Student ID: _____ Name on Transcript: _____
First Middle Last

Date Of Birth: _____ Graduation / Withdrawal Date: :_____ School_____
(Circle one)

Mark all that Apply (There is a $3 charge for every requested copy.) Former students: First 2 copies no charge.

- ☐ Number of official Transcripts requested
- ☐ Number of Unofficial Transcripts Requested
- ☐ Please wait for final grades
- ☐ NCAA registration**
- ☐ **No Test Scores Printed On transcript**
- ☐ I will pick up my transcript(s)
- ☐ I give permission for my parent to pick up transcript(s)
- ☐ Please mail my transcript(s) to the following institution(s)***

Be sure to print out a copy of your clearinghouse form

****Attach a self addressed stamped envelope for each request****

Please PRINT the name and address of where you are sending your transcripts *(use back of page if necessary)*:
If you would like your transcript faxed please provide the fax number, name of institution, and contact person:

_____

_____

_____

Student Signature_____ Phone # :_____ Drivers Lic. #_____

Parent Signature_____ (*Required if student is less than 18 years of age)*

**Transcripts include grades, credits and test scores (A.P., SAT, ACT, CST, CAHSEE)*

Please be prepared to pay outstanding fines. To expedite your request, please make sure all of your information is accurate.

Rev. 6/09 HLH