

LOS ANGELES UNIFIED SCHOOL DISTRICT

STUDENT RECORDS CENTER P.O. Box 3307 LOS ANGELES, CA 90051-1307 323.224.5950

OFFICIAL TRANSCRIPT REQUEST FORM

Enter Record or Index Number (provided by school)							
Check here, if school indicat	tes Record / Index Numb	per is not necessary					
Name of School Contact			Telephone Number of School Contact	()		-	
1. Name (Current):	ame (Current): 2. Name Used in School (If different from Current Name in Section 1)*:						
Last	First	Middle	Last Fir	rst		Midd	le
*If you have changed your name since attending an LAUSD school, other than through marriage, please provide a copy of the legal document(s) showing both your former							
name and new name. Your request will not be processed without this required documen sides) or Court document indicating the name change.			tation. A legal document may be a copy of Naturalization Certificate (copy of both				
3. Current Address	and Street		City	S	State	Z	ip Code
		1	2				
4. Telephone Number:	5. Email Address	s:	6. Driver's License # ²	7. Date	of Birth: (M	M/C	D/YYYY)
() -		@			/ /		
8. Year Graduated or Last Year Attended: (YYYY) 9. Name of LAUSD School Last Attended:							
10. Send Transcripts To (If diffe	erent than Current Addres	s in Section 3):	11. Type of Records Requested (I	ndicate Qua	antity & Total	Cos	st):
Name of Institution:			Transcript Type	Fee	Quantity		Cost
Attention:			Official High School Transcript	\$10.00		=	\$
Number and Street:			Proof of Graduation Letter	\$10.00		=	\$
City:	State:	Zip Code:	Cal Grant GPA Verification	\$10.00		=	\$
Name of Institution:			Complete Set of Transcripts	\$20.00		=	\$
Attention:			Attorney Request	\$25.00		=	\$
Number and Street:			High School Diploma Reprint Only ³	\$30.00		=	\$
City:	State:	Zip Code:	High School Diploma Reprint with Cover ³	\$45.00		=	\$
Name of Institution:			High School Diploma Cover Only	\$20.00		=	\$
Attention:			Archival Search (pre 1920 HS/pre 1957 Elem.)	\$60.00		=	\$
Number and Street:			Special Services	Fee			Cost
City:	State:	Zip Code:	Apostille Service	\$10.00		=	\$
Name of Institution:			International Mail Service	\$25.00		=	\$
Attention:			Express Mail Service	\$35.00		=	\$
Number and Street:			Total Fees Enclosed \$				
City:	State:	Zip Code:	NO PERSONAL CHECKS ACCEPTED; F	EES ARE P	AYABLE BY	MON	IEY ORDER ⁴
12. Authorization for Relea							
The below signature authorizes the release of my student transcripts and confirm I have completed all sections accurately and truthfully. I have enclosed the correct fees and understand that they are nonrefundable. I understand that an incomplete form will not be processed and will be							
considered closed after expiration of the 30 day notification window.' Signature Date							
•				1	1		
OFFICE USE ONLY							
□ Verified Driver's License or State Identification Card Information							
<u> </u>	ostille requests only)	—		unt Paid:	\$		
PROCESSED BY:			DATE RECEI	VED:	1		/

¹ Notification regarding incompleteness of Official Transcript Request Form is sent via email unless a self-addressed envelope is provided.

² State Identification Card may be substituted for Driver's License.
³ Diplomas Reprints are processed by an out-of-state vendor. Processing time for reprint requests is <u>8 to 10 weeks</u>.

⁴ Cash is accepted for Apostille customers only.