

CHINO VALLEY UNIFIED SCHOOL DISTRICT Student Support Services

TRANSCRIPT REQUEST

| Date Requested: | | Date of Birth: | |
|--|--|---|--|
| Full Name: | First | | Last |
| | | | |
| Home Address: | | | Daytime No.: |
| | | | Cell Phone No.: |
| Email Address: _ | | | School: |
| What are you re | equesting? | | |
| ☐ Transcript | Year | Did you graduate? | ☐ Yes ☐ No |
| □ GED | Year | If GED was received 1990 916-445-9438. For GEDs | through 2014 contact GED Testing Services at received after 2014, contact your GED Vendor. |
| ☐ Other (Descr | ibe) | | |
| | CVUSD does not maintain | copies of diplomas as they | are not part of the official student record. a, contact the school directly. |
| How many? | Official (sealed) | Unofficia | al |
| Delivery Method | d: | | |
| ☐ Pick-up from | Student Support Ser | vices 🗆 Ema | il (unofficial only) |
| ☐ U.S. mail to home (address above) ☐ U.S. m | | | mail to other address (list below): |
| | | | |
| *A government issu | ed photo identification car | rd or student identification ca | ard with photo must be presented with each request* |
| reaches the age of 1 students." Written po | 18 or attends school beyon ermission must be obtain | nd the high school level. Stud led from the parent or eligib | rds. These rights transfer to the student when student dents to whom the rights have transferred are "eligible de student in order to release any information from a we (5) business days for processing. (AR 5125 (g)) |
| | | FOR OFFICE USE O | NLY |
| DATE TRANSC | CRIPT PICKED UP/S | SENT: | |
| LIC. # OR OTHER FORM OF ID: | | | ID VERIFIED BY: |

Transcript Request Form R.11.6.2020 CVUSD444AE-87 R.11.6.2020