

Calaveras County Office of Education ~ Alternative Programs
Request for Records

I am requesting: Copy of transcripts Copy of diploma Other _____

YOUR/STUDENT INFORMATION:

Student's Name (at time you attended) _____

Date of Birth ___ / ___ / ___ Gender: M F

Year of last attendance or graduation: _____ Program your attended: Classroom Independent Study Adult Ed

Mail Address _____

City _____ State _____ Zip Code _____

Phone (Wk) Phone (Hm) Cell Fax

E-mail address

Where do you want the information sent? myself above sealed/certified copy to address below

Person's Name _____

Business / School _____

Mailing address _____

City / State / Zip _____

Note

- If your records are available electronically the processing time is 10 business days from receipt of this form.
- If your records will need to be researched in our archives it will take at least 30 working days from receipt of this form. All records prior to June 2004 are in this time frame.
- Please be aware that we cannot guarantee the archives contain your records. We will do our best to locate them and advise you in either case.

I understand the above information.

X _____
Signature Date

Return to:

Calaveras River Academy
150 Old Oak Road ~ P.O. Box 249 ~ San Andreas, CA 95249 ~ 209-754-1996
Fax:209-754-4261 ~ Email: dkafka@ccoe.k12.ca.us

.....Office use only.....	Received (date): _____	By (initial): _____
Found in electronic records: Y N Date _____ Initial _____	Found in Archives: Y N Date _____ Initial _____	
Notified requester on (dates & initials) _____		