

Date: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Please Deliver to: \_\_\_\_\_

Transcript Request Form  
Centralized Enrollment Center  
34200 Alvarado Niles Road  
Union City, CA 94587  
Ph: 510-476-2625  
Fax: 510-441-1926

\_\_\_\_\_  
**Student's Last Name** **Student's First Name**

\_\_\_\_\_  
**Date of Birth** **Phone Number** **Date Last Attended**

**School Last Attended in NHUSD –Please Circle**

**James Logan      Conley Caraballo      El Rancho**

**Official Transcript** \_\_\_\_\_  
**Unofficial Transcript** \_\_\_\_\_

**Pickup or Mail**

**Send Transcript To:**

**Name** \_\_\_\_\_

**Agency/Institution** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_

\_\_\_\_\_  
**Student Signature (Authorizing Release of Transcript)** **Date**

**For Office Use Only**

Date Mailed or Picked Up \_\_\_\_\_ -Completed by \_\_\_\_\_