

**PLEASE PRINT**

Record or Index No. \_\_\_\_\_

**PERSONAL INFORMATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
Street City, State and Zip Code  
 Father's name: \_\_\_\_\_ Mother's name: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
 Driver's License Number: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_

**SCHOOL INFORMATION**

Name (as registered at school): \_\_\_\_\_  
 LAST SCHOOL you attended at L.A.U.S.D.: \_\_\_\_\_  
 Year of graduation or last year of attendance at L.A.U.S.D.: \_\_\_\_\_  
 Other schools attended while at L.A.U.S.D.

<u>School Name</u>	<u>Grade</u>	<u>Dates of attendance</u>
_____	_____	_____
_____	_____	_____

**TRANSCRIPT INFORMATION**

OFFICIAL  UNOFFICIAL

**PLEASE SPECIFY THE TYPE & INDICATE NUMBER OF COPIES REQUESTED.**

High School \_\_\_\_\_ Copies     
 High School & Elementary \_\_\_\_\_ Copies     
 High School & Test Results \_\_\_\_\_ Copies

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 Health Info Only \_\_\_\_\_ Copies     
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Complete Set (High School, Elementary, Tests Results, & Health Information) \_\_\_\_\_ Copies

**PLEASE SPECIFY REASON FOR TRANSCRIPTS.**

Mail to Institution of Higher Education      
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 Cal Grant G.P.A. Verification      
 Personal

**PROFESSIONAL SERVICES - PLEASE SPECIFY SERVICE**

Attorney Authorization Request      
 Attorney SUBPOENA Request      
 Education Verification

Mail to: \_\_\_\_\_ Mail to: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PAYMENT:** Enclosed is a Money Order or Cashiers Check in the amount of \$ \_\_\_\_\_

I verify that I am the student whose transcript is requested by this form.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**PERSONAL CHECKS ARE NOT ACCEPTED.**