



MADERA UNIFIED SCHOOL DISTRICT
Student Services Department
Request for Student Records

Date: _____

Year of Graduation _____ Student School ID # _____
(or year you should have graduated)

Name: _____ Maiden Name/AKA: _____

Birth Date: _____

Current Address _____ City _____ State _____ Zip _____

Cell #: _____ Phone#: _____

E-Mail Address: _____

Records Needed: ___ High School Transcript ___ Elementary ___ Health ___ Other

High Schools Attended: ___ MHS ___ MSHS ___ FHS ___ Mt. Vista ___ Ripperdan ___ E.A. ___ Adult Ed.

Elementary/Middle School _____

Number of Copies Needed: _____ Official _____ Unofficial GPA Needed: ___ Yes ___ No

Needed For: ___ Self ___ College/School ___ Employer ___ Immigration ___ Other _____

***** Fill out section below only if you want this information mailed, released, or faxed*****

*To: _____

Attention: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Fax#: _____ Phone#: _____

*I hereby authorize the release of my transcript/record to the individual or institution names above.

X Signature: _____ ID# _____ Expires _____
(Driver's Lic.# or other)

-----For Office Use-----

Date Issued/Mailed/Faxed/E-mailed: _____ By: _____