

Madera Unified School District – Student Services Department Request for Student Records/Transcripts

Be prepared to present your official PHOTO ID.

Student Information			
Today's Date:	Student ID:	Year of Graduation:	Birth Date:
First Name:	Middle Name:	Last Name:	Suffix (Jr, Sr, etc.):
Other Last Names:			
Current Address:	City:	State:	Zip Code:

Your Communication Information		
Email Address:	Cell Phone Number:	Telephone Number:

Choose a service for this order	
<input type="checkbox"/> Official Transcript – Deliver to Recipient <i>Processed within 3 -5 business days after order has been authorized.</i>	<input type="checkbox"/> Official Transcript – Pickup (Photo ID is required) <i>Available for Pickup 3-5 business days after order has been authorized.</i>

Please indicate type of transcripts you are ordering	Pick-Up Information/Released
Please select a quantity: Combined Official: _____ Unofficial: _____ = Total _____ GPA Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Pick up by (NAME OF PERSON RELEASED TO):

Primary Reason for Ordering Records/Transcripts	
<input type="checkbox"/> For Myself <input type="checkbox"/> For Me to Send/Deliver to Someone Else <input type="checkbox"/> For College/School <input type="checkbox"/> For Employment <input type="checkbox"/> For Immigration <input type="checkbox"/> For Immunizations	<input type="checkbox"/> Other: (Please explain) _____ _____ -----

Records/Transcripts Needed From: Check which school		
High School:	Middle School	Elementary School
<input type="checkbox"/> MHS <input type="checkbox"/> MT. VISTA <input type="checkbox"/> MSHS <input type="checkbox"/> RIPPERDAN <input type="checkbox"/> MTHS <input type="checkbox"/> SUGAR PINE <input type="checkbox"/> FHS <input type="checkbox"/> EASTIN ARCOLA <input type="checkbox"/> ADULT ED	<input type="checkbox"/> THOMAS JEFFERSON MS <input type="checkbox"/> MARTIN LUTHER KING MS <input type="checkbox"/> JACK DESMOND MS	<input type="checkbox"/> ADAMS <input type="checkbox"/> HOWARD (K-8) <input type="checkbox"/> NISHIMOTO <input type="checkbox"/> ALPHA <input type="checkbox"/> LA VINA (K-8) <input type="checkbox"/> PARKWOOD <input type="checkbox"/> BERENDA <input type="checkbox"/> LINCOLN <input type="checkbox"/> PERSHING <input type="checkbox"/> CHAVEZ <input type="checkbox"/> MADISON <input type="checkbox"/> SIERRA VISTA <input type="checkbox"/> DIXIELAND (K-8) <input type="checkbox"/> MILLVIEW <input type="checkbox"/> VIRGINA LEE ROSE <input type="checkbox"/> EASTIN ARCOLA (K-8) <input type="checkbox"/> MONROE <input type="checkbox"/> WASHINGTON

Fill out these section only if you want this information to be Mailed/ Faxed			
To:		Attention:	
Address:		City:	State: Zip Code:
Email Address:		Phone Number:	Fax Number:

SIGNATURE: _____ **DL/ID#** _____ **EXPIRES:** _____

FOR OFFICE USE ONLY									
Date & Time Called When Ready for Pick Up:						Date Issued/Mailed/Faxed/Emailed:	Not Processed:		
CALLS ATTEMPTED	DATE	TIME	ANSWERED	NO ANSWERED	LEFT VOICE MESSAGE				
1st								Date/Time:	Date/Time:
2nd								Processed by Name:	
3rd									

**Distrito Escolar Unificado de Madera – Departamento de Servicios Estudiantiles
Solicitud de Expedientes De Estudianties/Transcripciones**

Este preparado para presentar su identificacion oficial con foto

Informacion del Estudiante

Fecha:	Identificacion del Estudiante:	Ano de Graduacion:	Fecha de nacimiento:
Nombre de Pila:	Segundo Nombre:	Apellido:	Sufijo (Jr, Sr, etc.):
Otros apellidos:			
Direccion Actual:	Ciudad:	Estador:	Codigo postal:

Su Informacion de Comunicacion

Direccion de correo electronico:	Numero celular:	Numero de telefono:
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Elija un Servicio Para Este Pedido

<input type="checkbox"/> Transcripcion oficial: entregar al destinatario – <i>Procesado dentro de 3 a 5 dias habiles desques de que se haya autorizado el pedido</i>	<input type="checkbox"/> Transcripcion oficial: recoger (se require identificacion con foto) <i>Disponble para recoger dentro de los 3 a 5 dias habiles posteriors a la autorizacion del pedido</i>
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Indique el Tipo de Transcripciones que Solicita

Informacion de Recogida/Liberada a

Selecciona una cantidad: Oficial: _____ No Oficial: _____ = _____	Combinado	GPA Necesario: <input type="checkbox"/> Si <input type="checkbox"/> No	Recogida por (NOMBRE DE LA PERSONA LIBERADA A):
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Razon Principal Para Solicitor Registros/T DdDranscripciones

<input type="checkbox"/> Para mi	<input type="checkbox"/> Otro: (Explique)
<input type="checkbox"/> Para que yo envíe/entregue a otra	
<input type="checkbox"/> Persona para la Universidad/escuela	
<input type="checkbox"/> Para empleo	
<input type="checkbox"/> Para inmigracion	
<input type="checkbox"/> Para vacunas	

Registros/Transcripciones necesarias de: Marque que escuela

Escuela Secundaria:	Escuela Intermedia	Escuela Primaria		
<input type="checkbox"/> MHS <input type="checkbox"/> MT. VISTA <input type="checkbox"/> MSHS <input type="checkbox"/> RIPPERDAN <input type="checkbox"/> MTHS <input type="checkbox"/> PINO AZUCAR <input type="checkbox"/> FHS <input type="checkbox"/> EASTIN ARCOLA <input type="checkbox"/> ED DE ADULTOS	<input type="checkbox"/> THOMAS JEFFERSON MS <input type="checkbox"/> MARTIN LUTHER KING MS <input type="checkbox"/> JACK DESMOND MS	<input type="checkbox"/> ADAMS <input type="checkbox"/> ALPHA <input type="checkbox"/> BERENDA <input type="checkbox"/> CHAVEZ <input type="checkbox"/> DIXIELAND(K-8) <input type="checkbox"/> EASTIN ARCOLA(K-8)	<input type="checkbox"/> HOWARD(K-8) <input type="checkbox"/> LA VINA(K-8) <input type="checkbox"/> LINCOLN <input type="checkbox"/> MADISON <input type="checkbox"/> MILLVIEW <input type="checkbox"/> MONROE	<input type="checkbox"/> NISHIMOTO <input type="checkbox"/> PARKWOOD <input type="checkbox"/> PERSHING <input type="checkbox"/> SIERRA VISTA <input type="checkbox"/> VIRGINA LEE ROSE <input type="checkbox"/> WASHINGTON

Complete esta seccion solo so si desea que esta informacion sea enviada por correo/fax

A:	Atencion ;		
Direccion:	Ciudad:	Expresar:	Codigo postal:
Direccion de correo electronico:	Numero do telefono:	Numero de Fax	

FIRMA: _____ **DL/ID#** _____ **VENCE:** _____

FO DE OFICINA SOLAMENTE

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CALLS ATTEMPTED	DATE	TIME	ANSWERED	NO ANSWERED	LEFT VOICE MESSAGE		
1st						Date/Time:	Date/Time:
2nd						Processed by Name:	
3rd							