



# Madera Unified

## Request for Student Records

Note: YOU MUST CLEAR ALL OUTSTANDING DEBT  
TO PICK UP TRANSCRIPTS  
Please allow 5 days prior to pick up.

Date of Request: \_\_\_\_\_ Student ID# \_\_\_\_\_

Name: \_\_\_\_\_ Birth-date: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Number of Copies Needed: \_\_\_\_\_ Official \_\_\_\_\_ Unofficial \_\_\_\_\_

Fill out the section below if you want this information mailed to a college or school.

Released to: (School or Institution) \_\_\_\_\_

Fax# ( ) \_\_\_\_\_ - \_\_\_\_\_ Attention: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Print Name: \_\_\_\_\_ ID# \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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

Office Use Only

Date Issued/Mailed: \_\_\_\_\_ Released by: \_\_\_\_\_