



Huntington Beach Union High School District

Transcript Request Form

Last School Attended:

- | | | |
|---|---|---|
| <input type="checkbox"/> Coast/Adult School | <input type="checkbox"/> Fountain Valley | <input type="checkbox"/> Ocean View |
| <input type="checkbox"/> Community Day School | <input type="checkbox"/> Huntington Beach | <input type="checkbox"/> Valley Vista (Wintersburg) |
| <input type="checkbox"/> Edison | <input type="checkbox"/> Marina | <input type="checkbox"/> Westminster |

In accordance with the Family Education Rights and Privacy Act (FERPA) of 1974, records may not be released to a third party without the prior written authorization of the parent or eligible student.

Student Name (Last) _____ (First) _____ (Middle) _____		Student ID# (Current H.S. Students Only) _____
Year of Graduation or Last Year of Attendance _____	Date of Birth (Month/Day/Year) _____	Name Attended Under _____
Address (Print Clearly) _____ Apt.# _____		Phone _____ Circle: Home Work Cell
City _____ State _____ Zip _____	Alternate Phone _____ Circle: Home Work Cell	
Student Signature _____		Today's Date _____
Parent Signature (Required if student is under 18 years old) _____		Today's Date _____
Transcripts include grades, credits, date of graduation and Pass/Not Pass on CAHSEE. <input type="checkbox"/> Signed and sealed official transcript <input type="checkbox"/> Unofficial, unsigned transcript		NUMBER OF TRANSCRIPTS REQUESTED _____ Write out additional addresses on back of form. I will pick up my transcript(s) <input type="checkbox"/> I would like my transcript(s) mailed <input type="checkbox"/>
SPECIAL INSTRUCTIONS: _____ _____ _____		Send To: _____ Attention: _____ Address (Print Clearly) _____ City/State/Zip _____

INSTRUCTIONS FOR REQUESTING A TRANSCRIPT

1. Picture ID may be required.
2. Be sure to clearly write out the name and address in the box provided above, of the recipient to whom the transcript should be mailed to. **Address must fit completely in the box above.**
3. Submit request form to the Registrar's office. Requests may take 2-3 business days to process.
4. **PAY THE FEE of \$5.00 per copy.**
5. If you qualify for the Free and Reduced Lunch program, talk to your registrar or College/Career Specialist.

Staff Use Only

Completed by School Official: _____ Date: _____

Received Date: _____ Student ID#: _____ Fee Paid: _____