

Glendale Unified School District

REQUEST FOR TRANSCRIPT

PLEASE PRINT ALL INFORMATION

Please Allow 3 Days for Processing

Date of Request _____

Name _____ ID# _____
Last First

Date Left School/Graduation Date _____ Birthdate* _____

_____ Official (in a sealed envelope) _____ Unofficial

_____ Please hold for pick-up _____ Please mail to address** below

Person, College/University or Business Name and Address (Complete address necessary)**

**** YOU MUST GIVE THE COMPLETE ADDRESS OR WE WILL NOT SEND THE TRANSCRIPT - PRINT ALL INFORMATION**

_____ Processing fee: \$3.00 per official transcript to be submitted with this application.

The transcript contains the following information:

- ◆ Course Titles, Grades and Credits Earned
- ◆ Grade Point Averages
- ◆ Class Rank
- ◆ Immunizations - currently on file at this school
- ◆ Test Scores (all scores earned)
 - Advanced Placement Examinations
 - American College Test (ACT)
 - Scholastic Aptitude Test (SAT I and SAT II)
 - District Technology Proficiency Results

_____ Check here if immunizations **are not** to be included

Student Signature

Parent/Guardian Signature
*Required if student is under 18 years of age.

For office use only