



ELK GROVE

CHARTER SCHOOL

Transcript Request

1. Please complete this form in black/blue ink and sign it.
2. A Gov't issued photo ID (driver license, passport, or military)
3. Allow at least 3 days for processing transcripts
4. Forms must be submitted to the office or emailed to the registrar at gdiazqui@egusd.net

Name (while enrolled): _____

Student ID #: _____ Date of Birth: _____ Graduation Year: _____

E-mail: _____ Cell Phone: _____

Transcripts are \$5 each:

Electronic: (directly to school or employer or yourself)
 Name of School or business: _____
 E-mail address to send to: _____

Mail Transcript (Complete & accurate address below:
 Name of School or Business: _____
 Department: _____
 Address: _____
 City, State, Zip code: _____

Pick up copy/copies of transcripts (photo ID required for pick up)
 Total Number of transcripts: _____

 Name of person picking up transcript (if other than student) DOB: _____

By signing below, I authorize Elk Grove Charter School to release my transcript. I understand the records are my responsibility once they have been released by Elk Grove Charter School.

Alumna/Alumnus Signature

Date

PAYMENT CAN BE MADE **BY CASH ONLY**. TRANSCRIPT THAT HAVE NOT BEEN PICKED UP WITHIN 30 DAYS WILL BE DESTROYED AND A NEW REQUEST WILL NEED TO BE SUBMITTED.

Office use only:

ID verified: _____ Paid: _____ Student ID: _____

Grad/Left Date: _____

Date Processed: _____