



Department of Student Services
5115 Dudley Blvd. Bay C
McClellan, CA 95652
Phone # (916) 566-1620
Fax Number (916) 566-3586

Mailing Address: 3222 Winona Way, North Highlands, CA 95660

REQUEST FOR EDUCATION RECORDS

Date: _____

Parent Name if student is under 18: _____

Student Name: _____

Name on Record

Birthday: _____

Address: _____

Phone: _____

School Last Attended: _____

Years attended: _____

- I hereby request a copy of my High School Transcript
- I hereby request an Official Copy of my High School Transcript
- Other (Please specify: _____

Signature of Parent/Guardian or Student if 16 years or older

- Copy of ID required