

El Monte Union High School District
Attn: Records Clerk
3537 Johnson Avenue
El Monte, CA 91731
(626) 444-9005 Ext. 4432

OFFICE USE ONLY
Date Received: _____
ID Checked _____
Amount Enclosed: _____
ROLL # _____

Each transcript costs \$3.00, payable by cash, money order, or cashier's check. Please make your money order or cashier's check payable to the El Monte Union High School District. We do not accept personal checks. **Payment and a copy of a photo I.D. must accompany request.**

TRANSCRIPT REQUEST

Name of student _____

Married Name (if applicable) _____

Birth date _____ Phone Number _____

Last School Attended (circle one)

ARROYO EL MONTE MT VIEW ROSEMEAD SO. EL MONTE VALLE LINDO

Last Year Attended _____ Graduated _____ Checked Out _____ (Circle one)

Number of transcripts needed _____

Send transcript to: (if not picking up) _____ (Please list additional addresses on reverse side if needed.)

_____	_____
_____	_____
_____	_____
_____	_____

Please sign the following release:

I authorize release of any and all information that you may have concerning me, including information of a confidential or privileged nature. I hereby release you, your organization, or employees from liability or damage which may result from furnishing the information requested.

Signature

Print name

Date