

El Monte Union High School District
Attn: Records Clerk
3537 Johnson Avenue
El Monte, CA 91731
(626) 444-9005 Ext. 9920/9921

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

Each transcript costs \$5.00, payable by cash, cashier's check or money order.
Please make your cashier's check or money order payable to **El Monte Union High School District**. We do **not** accept personal checks. Payment and a copy of a photo I.D. must accompany request. Thank you.

TRANSCRIPT REQUEST FORM

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 **FERNANDO R. LEDESMA (FORMERLY VALLE LINDO)**

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

Number of transcript envelopes needed _____

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