



COMPTON UNIFIED SCHOOL DISTRICT

Official Transcript Request Form

1. Current Name:			2. Name Used in School (if different from current name)		
Last	First	Middle	Last	First	Middle
<i>*If you have changed your name since attending a CUSD school, other than through marriage, please provide a copy of the legal document(s) showing both your former name and new name. Your request will not be processed without this required documentation. A legal may be a copy of Naturalization Certificate (copy of both sides) or Court Document indicating the name change.</i>					
3. Current Address: Number and Street		City	State	Zip	
4. Telephone Number ()			5. Date of Birth (MM/DD/YYYY)		
6. Year Graduate: (YYYY)		7. Name of Last CUSD School Attended (K-12 th) Including Compton Adult School			
OR					
Last Year Attended: (YYYY)					
8. I, the undersigned, request and authorize that a transcript of my grades and/or scholastic records be forwarded to (if different than current address in section 3):					
*Name of Institution:			*Name of Institution:		
Attention:			Attention:		
Number and Street:			Number and Street:		
City:	State:	Zip:	City:	State:	Zip:
*Name of Institution:			*Name of Institution:		
Attention:			Attention:		
Number and Street:			Number and Street:		
City:	State:	Zip:	City:	State:	Zip:
9. Type of Records (Indicate Quantity and Total Cost):					
Type	Fee	Quantity	=	Cost	
Official High School Transcript	\$6.00 x		=	\$	
Middle School Transcript	\$6.00 x		=	\$	
Elementary Transcript	\$6.00 x		=	\$	
Proof of Graduation Letter	\$6.00 x		=	\$	
Duplicate Diploma	\$30.00 x		=	\$	
NO PERSONAL CHECKS ACCEPTED; FEES ARE PAYABLE BY U.S. MONEY ORDER PAYABLE TO CUSD					
10. Authorization For Release					
<p>The below signature authorizes the release of my student transcripts and confirms I have completed all sections accurately and truthfully, including information verifying my identity. I have enclosed the correct fees and understand that they are non-refundable. I understand that an incomplete form will not be processed and will be returned. I declare under penalty of perjury that the foregoing is true and correct.</p>					
Signature:			Date:		
REQUEST SUBMITTED WITHOUT REQUIRED INFORMATION, PROPER IDENTIFICATION AND FEES WILL BE RETURNED					
CHECK LIST:					
<input type="checkbox"/> Completed Transcript Request Forms		<input type="checkbox"/> Copy of ID		<input type="checkbox"/> Money Order Payable to CUSD	
				<input type="checkbox"/> Legal Document with Change of Name	
OFFICE USE ONLY					