El Dorado Union High School District Pacific Crest Academy Request for Transcripts

For all transcripts requested to be sent by US mail to colleges, scholarship programs, or to other organizations:

- Complete this form and return to Joni Cain in person at Pacific Crest Academy or via email at jcain@eduhsd.k12.ca.us
 Call or email with questions (530) 622-6212
- Please allow five business days for processing of transcript requests.

Date Mailed

Initials

Student Name: (Name used in High School)					Today's Date:	
Student Date of Birth:			Stu	dent ID # (if known):		
Student Phone#:			•		Year of Graduation:	
✓ Select One:	☐ Curre	rrent Transcript				
	☐ RUSH	☐ RUSH : Current Transcript: Reason:				
		•	Report – after First Semester grades are recorded			
	☐ Final Transcript – After graduation/second semester, grades are recorded.					
✔ Needed for:	☐ Colle	ge	☐ Employment			
	☐ Scho	☐ Scholarship		\square Other		
Number of Trans		scripts Needed:	Officia	l:	Unofficial:	
✓ Choose One:	□ Pick ι	k up at school				
	□Maili	iling requested				
☐ Email/Fax: (Provide email address/fax #, name of institution, and contact person)						
Name of Institution:						
Name of Contact:						
Email/Fax Number:						
Mail Transcript(s) to: Name of School/Program/Individual, Address, City, State, Zip Code						
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