

CAPISTRANO UNIFIED SCHOOL DISTRICT  
SAN JUAN CAPISTRANO, CALIFORNIA

**TRANSCRIPT REQUEST FORM**

Capistrano Unified School District assists students and former students with post-secondary education and career goals by providing transcripts. Complete the form below to request transcripts.

Total number of official, sealed transcripts requested \_\_\_\_\_

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name at Time of Graduation (if different) \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Graduation Year \_\_\_\_\_ School \_\_\_\_\_ Last Year Attended (if not a graduate) \_\_\_\_\_

Send transcripts to:

1. \_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I authorize CUSD to release my transcripts to myself or the above named individuals or organizations.

Student/Parent Signature \_\_\_\_\_  
**(Student signature required for student 18 years of age or older)**

Date \_\_\_\_\_

Signature of School Official \_\_\_\_\_