OFFICIAL TRANSCRIPT REQUEST FORM

1. Current Name:
   - Last
   - First
   - Middle

2. Name Used In School While Attending / Maiden Name*
   - Last
   - First
   - Middle

* If you have changed your name since attending an LBUSD 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 document may be a copy of Naturalization Certificate (copy of both sides) or Court Document indicating the name change.

3. Current Address:
   - Number and Street
   - City
   - State
   - Zip

4. Telephone Number: (       )

5. Date of Birth: (MM/DD/YYYY)

6. Year Graduated: (YYYY)

7. Name Of Last LBUSD School Attended (K-12th) Including Long Beach School For Adults:
   - 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:
     - Attention:
     - Number and Street:
     - City
     - State
     - Zip
   - ▪ Name of Institution:
     - Attention:
     - Number and Street:
     - City
     - State
     - Zip

9. Type of Records (Indicate Quantity and Total Cost):
   - ▪ Type
     - Fee
     - Quantity
     - Cost
     - Official High School Transcript (Includes Middle School & High School) $12.00 x =$
     - Elementary Transcript (Processing time 6-8 weeks) $12.00 x =$
     - Immunization Record ** (Processing time 6-8 weeks) $12.00 x =$

** The district was not required to keep immunization records for students with date of birth 1987 and prior.

Total Fees Enclosed $

NO PERSONAL CHECKS ACCEPTED; FEES ARE PAYABLE BY U.S. MONEY ORDER ONLY PAYABLE TO LBUSD

10. Authorization For Release

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. Third party requesting student records using this request form must be listed on section 8 of this form and must have former student sign this form or you may include a signed authorization/release statement from the former student authorizing release of their records. No electronic signatures accepted.

Signature

Date:

REQUEST SUBMITTED WITHOUT REQUIRED INFORMATION, PROPER IDENTIFICATION AND FEES WILL BE RETURNED

CHECK LIST: ← Completed Transcript Request Form, ← Copy of ID, ← Money Order, ← Legal Document with Change of Name