

Hiram Johnson High School

6879 14th Avenue, Sacramento CA 95820 <u>HiramJohnson.net</u> (916)395-5070

School records may not be released to a parent/guardian of students 18 years or older without the student's written consent as mandated by the Family Education Rights and Privacy Act (FERPA).

Request for Transcripts

Name of Individual Making Request:		
Phone:		_Fax:
Email:		
Requesting: ☐ Official Transcript ☐ Unofficial Transcript ☐ HS Diploma - Emai		call (916) 395-5070 ext505032 to place a request.
# o	of Copy(s)	
To confirm identity, please attach one of the following □ Signed release from the former student (if requesting by 3 rd party) with one form of ID below □ Picture ID □ Driver's License		
Student Information		
Name (while enrolled)):	
Date of Birth:		
Current Name (if diffe	rent):	
Reason for Name Change:		
Month/Year of Graduation:/ Last year of attendance if not a graduate:		
Signatu	ure of Person Making the Re	quest Date of Request
Method of Receipt: □ Pick Up □ Mail	□*Fax □*Email (*Offic	cial Transcripts cannot be faxed or emailed.)
Please Mail to Name:		
Street Address:		
City, State, Zip code:		

If not making a request in person, forward this completed form to Bernadette Carmona via email at Bernadea@scusd.edu or fax to (916) 277-6307.