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).

Hiram Johnson High School / Sacramento City Unified School District Bernadette Carmona, Office of the Registrar

6879 14th Avenue, Sacramento CA 95820 (916)395-5070 x 505032 Fax (916)277-6307 Bernadca@scusd.edu

Request for Transcripts

Name of In	dividual Making Request:	:	
Phone:		Fax:	
Email:			
Requesting	g for:		
□Official 7	Γranscript		
□Unofficia	al Transcript		
□HS Diplo	oma (ordered thru outside	e source)	
# of Copy(s):			
To confirm	n identity, please attach	one of the following	
□Signed re	elease from the former stu	ident (if requesting from 3rd party)	with also below
□Picture I	D		
\Box Driver's			
	;	Student Information	
Name (while enrolled):			DOB:
Current Na	me (if different):		
Reason for	Name Change:		
Month/Yea	ar of Graduation:/	Last year of attendance if not	a graduate:
		•	
	Signature		Date of Request
	PLEASE MAIL TO:		
	Name:		
	Street Address:		
	City, State, Zip:		
		OR	
□MAIL	□FAX* (*Official Transa	□E-MAIL* cripts Can-not be Faxed or Emailed)	□PICK UP
TO:			

Please forward the above completed form to Ms. Carmona, Registrar at fax (916)277-6307 or email/scan to Bernadca@scusd.edu