

Student Request Transcript Records

Date of Request: _____ *Processing time 1-2 business days*

Last Name: _____ First Name: _____

Other Names Used: _____

Date of Birth: _____ Phone Number: _____

Year of Graduation: _____

Mark one: Official (signed and sealed) _____ Unofficial _____

Options for delivery (pick one):

1. _____ Mail – Address where you want your transcript sent:

Name of college / organization: _____

Street Address: _____

City, State, ZIP code: _____

2. _____ Pick up in person

3. _____ Faxed to (unofficial transcript) _____ FAX #: _____

4. _____ Email to (unofficial transcript) _____

*** Student Signature:** _____

*We cannot accept requests from a second party without signed consent from the former student (includes parents of former students – 18 years and older)

Mail or bring this completed form to:

**Woodland Adult Education
Attention: Registrar
575 Hays Street
Woodland, CA 95695**