



Madera Unified Request for Student Records

Note: YOU MUST CLEAR ALL OUTSTANDING DEBT
TO PICK UP TRANSCRIPTS
Please allow 5 days prior to pick up.

Date of Request: _____ Student ID# _____

Name: _____ Birth-date: _____

Year of Graduation: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Number of Copies Needed: _____ Official _____ Unofficial _____

Fill out the section below if you want this information mailed to a college or school.

Released to: (School or Institution) _____

Fax# () _____ - _____ Attention: _____

City: _____ State: _____ Zip: _____

Print Name: _____ ID# _____ Exp. Date: _____

Signature: _____ Date: _____

Office Use Only

Date Issued/Mailed: _____ Released by: _____