Madera Unified School District - Madera Adult School

Official Request for Student Records/Transcripts

2037 West Cleveland Avenue, Madera, CA 93637 *Phone: 559-675-4425 EXT 115 *Fax: 559-675-4562

Last School Attended:					Today's Date:				
Address:			City:		e:	Zip Code:			
Phone Number:		Fax		Number:					
School's District:				•					
		St	tudent Information						
First Name:			Middle Name:		Last Name:				
Birth Date: Last Grade Attended:			Last Year Attended:		Other Last Names:				
information confidence of the	ed above has registered tained in the student's resial Transcript showing the sand credits at the tire to your grading system ual Enrollment History of scripts from previous social Education records, in MUSD/Special Services	record the gra me of v data (S thools f appli	s: ade and amount of cre withdrawal School Year Enter/Exit I requested by you. cable please forward to	dits e Dates o:	earned in ead	ch subj	ect.	. 93637	
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☐ Pleas	☐ Please Fax: 559-675-4562								
educational int public schools	R § 99.31): Permits school official terest and other schools to white or school systems, including locion are provided or where the	ch a stu cal, cou	dent is transferring. CA.Ed.Co nty, or state correctional facili	de (49 ties wh	076.)(1)(B) Offici	als and e	mployee	es of other	
			1st Request:/	_/	2nd Requ	uest:	_/	_/	
Fabiol	a Sanchez, Registrar								

Note: Please attach a copy of this request to the records forwarded to us.