

# COMPTON UNIFIED SCHOOL DISTRICT

## Official Record/Transcript Request Form

Mail  
Pick up

1. Date ( Month/Day/Year) _____			Where you enrolled in Special Ed classes? Yes or No				
2. Name (Current)		3. Name Used in School (if different from current name in Section 2)*					
Last	First	Middle	Last	First	Middle		
<i>*If you have changed your name since attending a CUSD school, other than through marriage, please send a copy of the legal document(s) showing both your former name and new name. Your request will not be processed without this required documentation. A legal document may be a copy of Naturalization Certificate (copy of both sides) or Court document indicating the name change. If you are seeking to retrieve records for someone else than yourself, you will need to provide a notarized letter where the former student is giving you his/her education rights.</i>							
4. Current Address		Number & Street	City	State	Zip Code		
5. Telephone #: (Current)		6. Email Address:		7. ID/DL Required	8. Date of Birth: (MM/DD/YYYY)		
( ) -		@			/ /		
<i>It is important that you provide current contact information in case of questions.</i>							
8a. Year Graduated (YYYY) or 8b. Last Year Attended: (YYYY)		9. School Last Attended in CUSD:					
10. List the name(s) of other school(s) attended in CUSD:			11. Date(s) of Attendance:				
1.			1.				
2.			2.				
12. List the name of your parent or legal guardian while you attended school in CUSD: _____							
13. Records/Transcripts are needed for: <input type="checkbox"/> Work; <input type="checkbox"/> School; <input type="checkbox"/> Passport; <input type="checkbox"/> IRS; <input type="checkbox"/> Court/Subpoena; <input type="checkbox"/> INS <input type="checkbox"/> Other							
14. Send Records/Transcripts To (if different than Section 4):			15. Type of Records Requesting (Indicate Quantity & Total Cost):				
<b>Name of Institution:</b>			<b>Transcript Type</b>		<b>Fee</b>	<b>Quantity</b>	<b>Cost</b>
Attention:			Official Transcript		\$5.00		= \$
Number and Street:			Proof of Graduation Letter		\$5.00		= \$
City: State: Zip Code:			Cal Grant GPA Verification		\$5.00		= \$
<b>Name of Institution:</b>			Complete Set of Transcripts (ES – HS)		\$10.00		= \$
Attention:			Complete Set of Transcripts (ES – MS)		\$10.00		= \$
Number and Street:			Complete Set of Transcripts (MS – HS)		\$10.00		= \$
City: State: Zip Code:							
<b>Name of Institution:</b>							
Attention:							
Number and Street:			<b>Special Services</b>		<b>Fee</b>	<b>Quantity</b>	<b>Cost</b>
City: State: Zip Code:			Faxing Service		\$3.00		= \$
			Walk-in / Same Day Service for HS Transcripts only (Monday – Thursday 8:00 am – 12pm)		\$10.00		= \$
			Express Mail Service		\$30.00		= \$
			<b>TOTAL FEES</b>				<b>\$</b>
			<i>For additional addresses, print another request form. Complete Section 14 and submit with the original request form.</i>				
16. Authorization for Release							
<i>The below signature verifies that I have completed all sections accurately and enclosed the correct fee. I understand that the fees are non-refundable. I also understand that this application will not be processed if it is incomplete.</i>							
Signature _____			Date _____				

### OFFICE USE ONLY

Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_ Amount Received: \_\_\_\_\_ Processed By: \_\_\_\_\_  
ID/DL # \_\_\_\_\_

**\*NO PERSONAL CHECKS ACCEPTED \*FEES ARE PAYABLE BY MONEY ORDER \*FEES ARE NON-REFUNDABLE**

COMPTON UNIFIED SCHOOL DISTRICT

Forma de Peticion Archivo Oficial

Mandar por Correo

Recojer Documentos

1. Fecha de hoy(Mes/Dia/Año)		Usted recibio clases especiales? SI o NO			
2. Nombre (Actual)		3. Nombre que uso en la escuela (Si es diferente del nombre actual la Seccion 2)*			
Apellido	Primer Nombre	Segundo Nombre	Apellido	Primer Nombre	Segundo Nombre
<p><i>*Si Usted se a cambiado su nombre desde que asistio el Distrito Escolar de Compton, por favor entregue una copia de la corte demostrando su nombre anterior y actual. Su petición "NO" sera procesada sin los documentos de corte o DMV. (Si Usted cambio su nombre porque se caso, no es necesario que traiga comprobante). Si Usted esta solicitando los documentos de alguien mas, su petición será negada. Usted tendría que demostrar una carta notariada donde el/la estudiante le esta dando los derechos.</i></p>					
4. Direccion		Numeracion y Nombre de la calle	Ciudad	Estado	Zona Postal
5. # de Telefono	6. Correo Electronico:		7. ID/DL es requerida	8. Fecha de Nacimiento: (MM/DD/AAA)	
( ) -	@			/ /	
Es importante que provee la informacion actual por si tenemos alguna pregunta, nos podemos comunicar con usted..					
8a. Año de Graduacion		8b. Ultimo Año que Asistio		9. Nombre de la Ultima escuela que asistio en CUSD:	
10. Lista de los nombres de las otras escuelas que asistio en CUSD:			11. Fechas de Asistencias o los grados que completo:		
1.			1.		
2.			2.		
12. Nombre de sus Padres/Tutor:					
13. Informacion es requerida para: <input type="checkbox"/> Trabajo; <input type="checkbox"/> Escuela; <input type="checkbox"/> Pasaporte; <input type="checkbox"/> IRS; <input type="checkbox"/> Corte; <input type="checkbox"/> Imigracion <input type="checkbox"/> Otro					
14. Direccion donde copia de archivo se mandara: (si es diferente que la seccion 4)			15. Tipo de Archivo que esta requiriendo: (indique la cantidad y el total del costo)		
<b>Nombre de Institucion:</b>			<b>Tipo de Archivo</b>	<b>Costo</b>	<b>Cantidad</b>
Atencion:			Archivo Oficial	\$5.00	= \$
Direccion:			Carta -Comprobante de Graduacion	\$5.00	= \$
Ciudad: Estado: Zona Postal:			Verificacion del Cal Grant con GPA	\$5.00	= \$
<b>Nombre de Institucion:</b>			Archivo Completo de Primaria a Preparatoria	\$10.00	= \$
Atencion:			Archivo completo de Primaria a Secundaria	\$10.00	= \$
Direccion:			Archivo completo de Secundaria a Preparatoria	\$10.00	= \$
Ciudad: Estado: Zona Postal:					
<b>Nombre de Institucion:</b>			<b>Servicios Especiales</b>		
Atencion:					
Direccion:					
Ciudad: Estado: Zona Postal:			Servicio de Fax	\$3.00	= \$
<p><i>Para direcciones adicionales, por favor complete otra forma de seccion 14 y entreguela con la aplicacion original.</i></p>			Servicio Mismo Dia para Archivo de la Preparatoria (Solamente en persona de Lunes - Jueves de 8am - 12pm)	\$10.00	= \$
			Servicio de Correo Express	\$30.00	= \$
			<b>Costo Total</b>		
16. Firma de Autorizacion					
Mi firma verifica que e completado todas las secciones y e pagado la cantidad del costo. El costo no es re-embolsado. Tambien entiendo que esta aplicacion no sera procesada si no esta completa.					
Firma				Fecha	

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Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_ Amount Received: \_\_\_\_\_ Processed By: \_\_\_\_\_  
 ID/DL # \_\_\_\_\_



INSTRUCTIONS

1. Submit completed form and Money Order (**Non-Refundable**), payable to Compton Unified School District. The duplicate diploma fee is \$30.
2. Form and Money Order may be mailed to: Pupil Records Office, 603 S. Acacia Ave., Compton, CA 90220 or it may be delivered in person (No Same-Day Service)
3. Allow 30 business days for delivery or pick-up or duplicate diploma.

REASON FOR APPLICATION

- Original diploma has been lost or destroyed
- High School Diploma never received **STOP** (You must first request transcripts)

[PRINT] Full Name (as it appears on original diploma)

**I understand that the duplicate diploma will bear the signatures of the current officials of the Board and the District. I also understand that the \$30 fee is non-refundable and that my right to a duplicate diploma must be verified with an official transcript that shows a graduation date. NO EXCEPTIONS!!!!**

Student Signature	Date
Birth Date (00/00/0000)	School Graduated (■)
	<input type="checkbox"/> Centennial HS <input type="checkbox"/> Chavez HS
	<input type="checkbox"/> Compton HS <input type="checkbox"/> Dominguez HS
	<input type="checkbox"/> Thurgood Marshall HS

How would you like the diploma delivered?

- Pick up in person
- Mail (Regular USPS Certified Mail)

Current Mailing Address – Street			
City	State	Zip/Postal Code	Telephone

<b>OFFICE USE ONLY</b>	
<input type="checkbox"/> Non-Refundable Money Order Received	<input type="checkbox"/> Date Ordered _____
<input type="checkbox"/> Diploma Qualification Verified	<input type="checkbox"/> Date Mailed/Picked up _____