



CALIFORNIA SCHOOL FOR THE DEAF

39350 GALLAUDET DRIVE

FREMONT, CA 94538

(510) 794-3689 (voice)

(510) 344-6056 vp

(510) 794-3653 Fax



TRANSCRIPT REQUEST FORM

NOTE: There will be a \$5 fee for “OFFICIAL” transcripts. (cash or money order)

STUDENT INFORMATION:		
(Full Name at time of Graduation)	(Full Name at time of Request)	
(Date of Birth)	(Year Graduated)	
(Phone number where you may be reached during the day if needed)		
(_____) _____ - _____		
(Street Address)		
(City)	(State)	(Zip Code)
PLEASE SEND A COPY OF MY TRANSCRIPT TO:		
(Attention)		
(Name of Employer/College)		
(Street Address)		
(City)	(State)	(Zip Code)

I give permission for California School for the Deaf to mail my records to the above address.

(Sign here)

(Date)

Please allow 3 to 5 working days for request to be processed.