



EL RANCHO UNIFIED SCHOOL DISTRICT  
 EL RANCHO EDUCATION CENTER  
 9515 Haney St.  
 Pico Rivera, CA. 90660  
 (562) 801-7710, FAX (562) 948-2041

**Student Document Request Form**

**PERSONAL INFORMATION**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Former Name(s): \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_  
 Current Address: \_\_\_\_\_  
 Phone Number: (     ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**ENROLLMENT & ATTENDANCE VERIFICATION**  
 (Please indicate dates attended)

From – Month/Year: \_\_\_\_\_ To – Month/Year: \_\_\_\_\_

**TRANSCRIPT REQUESTS**

Official - Number of Copies: \_\_\_\_\_  Unofficial - Number of Copies: \_\_\_\_\_

**CERTIFICATE REQUESTS**

Year of graduation/completion: \_\_\_\_\_ Course: \_\_\_\_\_

***Documentation requests take approximately 3 to 5 business days. In order for the office to approve the release of the requested document(s), you must show proof of identification.***

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only**

ID Verification  Will Pick Up  Mailed      /      /     

Documents received by: \_\_\_\_\_ Date: \_\_\_\_\_