

Transcript Request Form

(For use to request a school transcript. Please use one form per student.)
Mail completed form to: IEM Transcripts, 4535 Missouri Flat Rd. Ste. 1A, Placerville, CA 95667
or Fax to: 530-295-3583

School Name _____ Date _____
Student Name _____ Student Number _____
Student Birth Date _____

I am requesting an Official Transcript for this student. Please mail to:

(Fill in a mailing address for an official transcript)

____ I am requesting an **unofficial copy** to be faxed to me at: _____

Transcript Reminders:

- Only the ES who supervised the student's work as "ES of Record" may assign grades and credits according to California state law. School administrators or other school personnel are not authorized to make any transcript changes.
- Transcript requests cannot be taken by telephone.
- Requester's Signature is required and must be the parent/guardian/caregiver listed in our school records for a minor child; may only be the student themselves for an adult student.

Requestor's Name (Printed): _____

Relationship to Student named above: _____

Requestor's Signature: _____