

Transcript Form

(For the request of, or deletion from, an existing transcript.)

Mail completed form to: IEM Student Records, 4535 Missouri Flat Road, Ste. 1A, Placerville, CA 95667

School Name _____ Date _____
Student Name _____ Student Number _____
ES Name _____ ES Number _____
School Year _____ First Semester _____ Second Semester _____
(Please use one form for each semester and school year)

_____ I am requesting an **Official Transcript** for this student.
(Must include self-addressed stamped envelope.)

List by (choose one): _____ Subject _____ Year _____ Yr. & Semester

Please mail to: _____

(Fill in mailing address then sign at the bottom of this form.)

_____ ES Only: I am requesting a **deletion** of the following courses from the existing transcript.
(This information can be e-mailed to your ES Advisor or you may submit this form. Remember to **electronically** submit a new **Report Card** that does not show the deleted items.)

Course #	Course Name	Grade	Credits

Course number must be listed. If course name and number disagree, course number will be used.

Only the ES who supervised the student's work may assign grades and credits.

Attach all appropriate documentation: Transcripts from previous schools and/or current transcript requiring course deletion.

Signature: _____
Requester's Signature Required