



LONG BEACH UNIFIED SCHOOL DISTRICT
Records Management Office
 2201 E. Market Street, Long Beach, CA 90805
 (562) 997-8000 Ext.1824

OFFICIAL TRANSCRIPT REQUEST FORM

1. Current Name:			2. Name Used In School While Attending / Maiden Name*		
Last	First	Middle	Last	First	Middle

** If you have changed your name since attending an LBUSD school, other than through marriage, please provide 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.*

3. Current Address: Number and Street					City	State	Zip

4. Telephone Number: ()			5. Date of Birth: (MM/DD/YYYY)		

6. Year Graduated: (YYYY)		7. Name Of Last LBUSD School Attended (K-12th) Including Long Beach School For Adults:	
OR			
Last Year Attended: (YYYY)			

8. I, the undersigned, request and authorize that a transcript of my grades and/or scholastic records be forwarded to (if different than current address in section 3):

▪ Name of Institution:			▪ Name of Institution:		
Attention:			Attention:		
Number and Street:			Number and Street:		
City	State	Zip	City	State	Zip
▪ Name of Institution:			▪ Name of Institution:		
Attention:			Attention:		
Number and Street:			Number and Street:		
City	State	Zip	City	State	Zip

9. Type of Records (Indicate Quantity and Total Cost):			
Type	Fee	Quantity	Cost
Official High School Transcript (Includes Middle School & High School)	\$12.00 x	=	\$
Elementary Transcript (Processing time 6-8 weeks)	\$12.00 x	=	\$
Immunization Record ** (Processing time 6-8 weeks)	\$12.00 x	=	\$
** The district was not required to keep immunization records for students with date of birth 1987 and prior.		Total Fees Enclosed \$	

NO PERSONAL CHECKS ACCEPTED; FEES ARE PAYABLE BY U.S. MONEY ORDER ONLY PAYABLE TO LBUSD

10. Authorization For Release

The below signature authorizes the release of my student transcripts and confirms I have completed all sections accurately and truthfully, including information verifying my identity. I have enclosed the correct fees and understand that they are **non-refundable**. I understand that an incomplete form will **not** be processed and will be returned. I declare under penalty of perjury that the foregoing is true and correct. Third party requesting student records using this request form **must** be listed on section 8 of this form and **must** have former student sign this form or you may include a signed authorization/release statement from the former student authorizing release of their records. **No electronic signatures accepted.**

Signature	Date:

REQUEST SUBMITTED WITHOUT REQUIRED INFORMATION, PROPER IDENTIFICATION AND FEES WILL BE RETURNED

CHECK LIST: → Completed Transcript Request Form, → Copy of ID, → Money Order, → Legal Document with Change of Name