



## MJUSD Transcript Request

Please fill out the request form, and we will get back to you within the next 10 business days.  
Incomplete forms cannot be processed.

**You must provide a form of ID at time of pick-up.**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School Graduated/Last School Attended: \_\_\_\_\_

Year Graduated/Last year Attended: \_\_\_\_\_

Phone #: \_\_\_\_\_

Message phone: \_\_\_\_\_

Please check a box below:

Official Transcript:

Unofficial Transcript:

Number of Copies: \_\_\_\_\_

Please Mark below:

Will pick up my transcript.

Please send my transcript.

Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mark if ID was verified

Completed request form (with original signature) can be submitted in person or mailed to:

ATTN: Educational Services, Room 110  
Marysville Joint Unified School District  
1919 B Street, Marysville, CA 95901