

**Gilroy Unified School District
Transcript and Records Request Form**

ALUMNI ONLY - Records Request: Transcripts Deferred Action (Immigration paperwork)

This form is for Alumni who last attended/graduated at a GUSD School more than one year ago. Alumni who graduated within the current year must order records through their high school of attendance. All records are official (signed and sealed in an envelope).

Processing Procedures: Records are processed on Mondays for mailing/pickup by Friday. Requests received Tuesday-Friday will be processed the following Monday. **PAYMENT IN FULL** must be received at time of request. Payment must be made by check or money order payable to GUSD (no cash accepted).

Note: Any records not picked up with-in 10 days will be mailed to the Alumni. **There is no "RUSH" service available**

Please print clearly

Name: _____
(Last Name) (First Name) (Middle Name)

Address: _____
(Mailing Address) City State Zip

Date of Birth: _____ - _____ - _____
(Month) (Day) (Year)

Other name(s) used on school records: _____

Last school attended in GUSD: _____

Year of Graduation/Year Last Attended (ex: 2002) _____ Graduated? (circle one) Yes No

Phone Number: _____ Email address: _____

# of Copies	Description	Cost (each)	Total
	Official Sealed Copy	\$10.00	\$
		Total Due	\$

*Note: If you need your own copy of records, make sure you request two as once the envelope is opened it is no longer considered "Official".

By law, records are considered a confidential legal document. The School District is allowed to release this information with written permission from the Alumni 18 years or older. Proper identification must be presented at the time of the request along with payment in full. Alumni must give written permission for records to be released for mail/fax or pickup by anyone other than themselves.

Please mail my records to: _____ **Records will be picked up by:** _____

I hereby give permission to GUSD to release the records to the above as requested.

Signature: _____ **Date:** _____

GUSD OFFICE USE ONLY

DATE FEE PAID _____	RECEIPT NUMBER _____
RECORDS MAILED/FAXED BY _____	DATE _____
RECORDS PICKED UP BY _____	DATE _____
ID# _____	DRIVER'S LICENSE OTHER (Specify) _____