

# ANTELOPE VALLEY ADULT SCHOOL – RECORDS OFFICE

45110 3<sup>RD</sup> STREET EAST, LANCASTER, CA 93535 | Ph: 661-942-3042 ext. 202 | email: [szamudio@avhsd.org](mailto:szamudio@avhsd.org)

## TRANSCRIPT/DIPLOMA REQUEST FORM

Note: Please be advised that transcript requests may take up to 5 business days for processing and grades and transcripts will be withheld for charges or fees owed according to Education Code 48904.

- A copy of your current photo ID must be attached to this form.
- Payment for \$7.00 per transcript or \$35.00 for diploma must be included with this form. Payment can be made in Cash or Money Order (Payable to Antelope Valley Adult School), and *no Personal Checks*.
- Price for diploma cover is \$8.00, please include with payment.

Mail this form to *Antelope Valley Adult Education, Attn: Records Office, 45110 3<sup>rd</sup> Street East, Lancaster, CA 93535*

Signature of Person requesting transcript/diploma: \_\_\_\_\_ Date: \_\_\_\_\_

*All transcripts/diplomas are sent by first class US Mail and delivery is not the responsibility of AVAE.*

### STUDENT INFORMATION: (Please Print)

Name (as it was on school records): \_\_\_\_\_

Current Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Please indicate one below:

Graduation Year \_\_\_\_\_ or **IF NOT** a Graduate, Last Year Attended \_\_\_\_\_

### REQUESTED DOCUMENTS: (Cash or money order only). Money orders only when sending by mail.

Transcripts:  Official Copy (\$7.00)      Quantity \_\_\_\_\_       Diploma: (\$35.00) [4-5 weeks processing]

Diploma Cover (\$8.00)

### FORM OF DELIVERY:

Please mail to: **Self / Name of School / Institute / Agency**

\_\_\_\_\_  
**Street Address**

**City**

**State**

**Zip Code**

\*\*\*\* Please note OFFICIAL copies are sealed in an envelope, and once opened they are unofficial\*\*\*\*

I authorize the following person to pick up the above-mentioned documents:

\*\*\*\*\*Current Photo ID is required of the person authorized to pick up documents\*\*\*\*\*

\_\_\_\_\_  
**(Name of person authorized to pick up your transcript)**

With your signature, you are authorizing the person indicated above to pick up a copy of your transcript.

\_\_\_\_\_  
**Signature of Authorization**

\_\_\_\_\_  
**Date**