

HAYWARD UNIFIED SCHOOL DISTRICT – TRANSCRIPT REQUEST

P.O. Box 5000, 24411 Amador Street, Hayward, CA 94544

Complete on request for each different address to which you are sending copies.

There is a \$3.00 fee for each transcript requested.

Transcript fee - \$3.00 per copy

Payment by cash, check or money order

Students's First Middle Last

Present Address

City State Zip Code

Maiden / Former Name Date of Birth

Number of copies _____

Year of graduation _____

Requesting records from:

_____ High School

_____ Middle School

_____ Elementary

_____ Nursing Program

Name of last school attended:

Signature of Student

1. Send Transcripts to:

2. Send Transcripts to:

FOR OFFICE USE ONLY

Date of Request _____ Paid \$ _____ Cash _____ Check _____ Money Order _____ Date Sent _____ Ref# _____

The district has five business days to provide the transcript or records pursuant to Section 49069 of the California Ed Code.