



# Mt. Diablo Adult Education High School Diploma Transcript Request Form

*Processing the transcript may take up to 3 business days  
Proof of ID is required (i.e. Driver's License or a valid State ID)*

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: (    ) \_\_\_\_\_

Email Address: \_\_\_\_\_

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

Year(s) Attended: \_\_\_\_\_ Graduated: Yes \_\_\_\_\_ No \_\_\_\_\_

Number of copies requested: \_\_\_\_\_

Institution(s) where copies need to be sent or where/what institution is requesting them:

First Institution	Second Institution	Third Institution
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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