

**Mt. Diablo Unified School District  
PROSPECT HIGH SCHOOL  
One Santa Barbara Road, Pleasant Hill, CA 94523  
(925) 682-8000 Extension 3999  
Fax (925) 937-6052**

**REQUEST FOR TRANSCRIPT**

**Date of Request:** \_\_\_\_\_

**Current name:** \_\_\_\_\_

**Name when you were attending school:** \_\_\_\_\_

**Year you graduated or last attended school:** \_\_\_\_\_

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

**Current Address:** \_\_\_\_\_  
\_\_\_\_\_

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

**Current Phone:** ( \_\_\_\_\_ ) \_\_\_\_\_

**Name of School you Attended :** Prospect

**Request Official Transcript (circle):** Yes No Qty. Needed: \_\_\_\_\_

**(\$5.00 per copy)**

**Request Unofficial Transcript (circle):** Yes No Qty. Needed: \_\_\_\_\_

**Address of Organization to Receive Transcript** *(Complete address & zip code. If more than one, please write on back.)*

**Organization:** \_\_\_\_\_

**Attention:** \_\_\_\_\_

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

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax Number *(optional)*: ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address *(optional)*: \_\_\_\_\_

*Instead of mailing, check here \_\_\_\_\_ if you plan to **pick up** transcript(s) at our office.*

**PLEASE ALLOW UP TO 7 BUSINESS DAYS FOR PROCESSING. WE WILL NOTIFY WHEN TRANSCRIPTS ARE READY.**

**For Office Use:**

Date Request Received: \_\_\_\_\_

SID: \_\_\_\_\_

Qty. Prep: Official \_\_\_\_\_ Unofficial \_\_\_\_\_

Source: \_\_\_\_\_

Student Pick-up: \_\_\_\_\_ Mailed: \_\_\_\_\_ Faxed: \_\_\_\_\_

Rev. 01/2020