



STUDENT RECORDS REQUEST FORM

Date _____

School/schools student attended (check all boxes that apply)

Monticello

Jefferson

Tom Hawkins

Anthony Traina

Last Year Attended _____ Grade _____ School Years Requested _____ - _____

Information Requested Transcript Student Attendance Immunizations Report Card

Student Name at Time of Attendance _____ Date of Birth _____
First Name Middle Name Last Name

Person Requesting Transcript _____
(If different from above) First Name Middle Name Last Name

Relationship to Student _____ Phone Number _____

Authorization for Release

By signing below I verify that I have completed all sections accurately.

Authorized Signature

I will pick up the records
(Please allow five business days)

Mail records to:

Cost – Per Education Code 49065, no charge shall be made for furnishing up to two transcripts or two verifications of various records of pupils.

- **This request will be processed within five business days. You will be contacted by phone when your records request is ready to be picked up.**
- **Requests for records of current students may be submitted directly to student's school site.**
- **For former students or during summer break, submit requests to: Jefferson School District
1219 Whispering Wind Drive
Tracy, CA 95377**

Date Form Received _____

Date Requester Notified _____

Date Transcript Picked Up/Mailed _____

Staff Member Initials _____