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: _____

_____

Email Address: _____

Phone Number: ( ) _____

Date of Birth: _____

Graduated: Yes _____ No _____

Year Graduated: _____ If NOT a Graduate; Year(s) Attended: _____

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
_____	_____	_____
Institution Name	Institution Name	Institution Name
_____	_____	_____
Address	Address	Address
_____	_____	_____
City, State & Zip Code	City, State & Zip Code	City, State & Zip Code

Signature: _____ Date: _____