



Transcript Request Form

Sutter County Adult Education
Office (530) 822-5810
Fax (530) 822-5309

Mail Request to:
Sutter County Adult Education
Attention: Transcripts
1699 Sierra Ave Suite B
Yuba City, CA 95993

PLEASE READ THIS SECTION CAREFULLY BEFORE COMPLETING YOUR REQUEST FORM

- To process your form, a copy of your photo identification must be submitted with your request.
- If you have any questions, please contact our office at (530) 822-5810

PRINT CLEARLY

Name (*Current*):

Last: _____ First: _____ Middle: _____

Name Used in School (*If different from current*):

Last: _____ First: _____ Middle: _____

Date of Birth: _____ Daytime Phone: _____

Current Address: _____

Number and Street

Apartment Number

City: _____ State: _____ Zip Code: _____

Records Requested (*Indicate Quantity*):

High School Diploma Transcript— Year Graduated or Last Year Attended: _____

Will Pick up

Mail Transcript to Self:

Name : _____

Address: _____

City: _____ State: _____ Zip Code: _____

Mail Transcript to School:

Name of School: _____

Address: _____

City: _____ State: _____ Zip Code: _____

The below signature authorizes the release of my student transcripts and confirms I have completed all sections accurately and truthfully. I understand that an incomplete form will not be processed and may result in my request being returned.

Signature of Requestor: _____

Office Use Only

Date Contacted: _____ Date picked up: _____ Student Signature: _____