

**Sierra-Plumas Joint Unified School District  
Request For High School Transcript**

PO Box 955  
Loyalton, CA 96118  
Attn: Records Request

FAX: 530-993-0828  
email: kjacobsen@spjUSD.org  
Office: 530-993-1660, dial 0

SCHOOL ATTENDED:

YEAR GRADUATED:

First Name:

Middle Name:

Last Name:

If different, Last Name at time of Graduation:

Birthdate:

Driver's License #

Current Street Address/P.O. Box:

City:

State:

Zip Code:

Primary Phone:

Business Phone:

Email address:

I request that an official, sealed transcript be mailed to the Institution or Individual below:

Name:

Institution:

Address:

City:

State:

Zip Code :

I request that an official transcript be FAXED to:

I request an unsealed copy mailed to:

Name:

Institution:

Address:

City:

State and Zip Code:

I will pick up my transcript request in person.

**COPY OF VALID DRIVER'S LICENSE PHOTO ID MUST ACCOMPANY REQUEST.**

Signature of Requestor: \_\_\_\_\_

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

I authorize \_\_\_\_\_ to pick up transcripts in person on my behalf.

• Transcripts will not be issued to a third party without written authorization.