

# Transcript Request Form

(For use to request a school transcript. Please use one form per student.)

Mail completed form to: IEMTranscripts, 4535 Missouri Flat Road, Ste. 1A, Placerville, CA 95667  
or Fax to: 530-295-3583

School Name \_\_\_\_\_ Date \_\_\_\_\_

Student Name \_\_\_\_\_ Student Number \_\_\_\_\_

Student Birth Date: \_\_\_\_\_

\_\_\_\_\_ I am requesting an **Official Transcript** for this student. Please mail to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Fill in a mailing address for an official transcript)

\_\_\_\_\_ I am requesting an **unofficial copy** to be faxed to me at: \_\_\_\_\_

## Transcript Reminders:

- Only the ES who supervised the student's work as "ES of Record" may assign grades and credits according to California state law. School administrators or other school personnel are not authorized to make any transcript changes.
- Transcript requests cannot be taken by telephone.
- Requester's Signature is required and must be the parent/guardian/caregiver listed in our school records for a minor child; may only be the student themselves for an adult student.

Requestor's Name (Printed): \_\_\_\_\_

Relationship to Student named above: \_\_\_\_\_

Requestor's Signature: \_\_\_\_\_