

# Transcript Request Form

School: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

**Attn: Cathy Akana**  
**John Muir Charter School**  
**9845 Horn Road, Suite 150**  
**Sacramento, Ca 95827**  
**Phone: 916-366-7319**  
**Fax: 916-366-7349**

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

Name of Muir Site Attended:

Site Contact Name:

## Transcript Request

The Student named below has enrolled in \_\_\_\_\_  
to pursue his/her education. Please release his/her transcripts per California Code of Regulation  
Title 5, Article 3, Section 439\* and any documentation of enrollment in special education programs,  
if applicable. Faxes would be very much appreciated. Any fax needs to be followed by an official  
mailed transcript. Please send all correspondence to the attention of \_\_\_\_\_  
\_\_\_\_\_ at the above address. Please do not send cumulative folders.

**Student Name:** \_\_\_\_\_

**SS#** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Dates Attended:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Requested by:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*\*Pupil records shall not be withheld from the requesting district because of any charges or fees owed by the pupil or his/her parents. This provision applies to pupils in grade K-12 in both public and private schools.*

**Muir Office Use Only**

**Date Received:**

**Date Sent Out:**