

LIVERMORE VALLEY JOINT UNIFIED SCHOOL DISTRICT

685 E. Jack London Blvd.

Livermore, California 94551

Phone 925.606.3200 or 925.606.3289 ... FAX 925.606.3366

STUDENT SERVICES DEPARTMENT

Transcript Request:

1. Review Board Policy and Regulations 5125 for information regarding access and release of information contained on student records.
2. Student records may be requested Monday through Thursday.
REMITTANCE MUST BE IN BY 10:00 A.M. ON THURSDAY to guarantee pick up in Will Call between 2:00 – 4:00 P.M. the following Friday, or mailing to designated address.
3. A \$5.00 fee is charged for each transcript.
4. The following criteria are required to request a transcript.
 - Name (current name and any previous/prior names)
 - Copy of Photo ID with request
 - Daytime Phone
 - Date of Request
 - Date of Birth
 - Date of graduation or date left school district
 - Last School attended
 - Mailing address or Fax where transcript should be sent
 - Signature on Form
 - If someone other than you is picking up the transcript, written permission must be noted on the request form, providing the name of the person picking up the transcript. They will need to provide ID when picking up the documents.
 - If over 18, parents cannot request transcripts.
5. Please note: The transcript is NOT considered official if you request your transcript to be faxed to a school, employer or other entity.

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Request and Authorization to Make and Release Copies of Student Records

PLEASE PRINT ALL INFORMATION CLEARLY

REMITTANCE MUST BE IN BY 10:00 A.M. ON THURSDAY to guarantee pick up in Will Call between 2:00 p.m. to 4:00 p.m. the following Friday, or mailing to designated address.

Requester: _____ Contact Phone: _____ Date: _____

FOR:

Student Name: _____
Last Name First Name Middle Initial

Former Names Used: _____

Birth Date: _____

To request/authorize release of student permanent records information, please select from below:

- Transcript Quantity: _____ Immunization Records
- Letter of Attendance* Other: _____

***Letter of Attendance-** include name of Livermore schools, school year(s) attended and grade level below:

School Name (ex: Marylin Elem.)	School Year (ex: 2012-2013)	Grade Level (ex: Kindergarten)

Copy of Photo ID Required with Request _____

Verified By

- I will pick up Friday between 2:00 p.m. and 4:00 p.m. _____
Yes/No

OR

- I authorize _____ to pick up my transcript
(ID will be required)

MAIL OR FAX TO:

Name/School/Agency _____

Address _____

City/State/Zip _____

Fax Number: _____

Student/Legal Guardian Signature _____