	El Dorado Uni	on	High	School	District
	Union	Min	e Hig	h School	
	Reques	st fo	or Tra	anscript	S
 Please p No trans Graduate are \$1.00 		ope wi studei of the	ith ade nts. ir trans	quate postag	charge. Additional copies for graduates
Student Name (Name used in High School):					Today's Date:
Student Date of Birth:			Stude	nt ID #:	
Student Phone#	U.C. and C.S.U. Campuses- DO N	Scho			Year of Graduation:
✓ Select One:	 Current Transcript RUSH: Current Transcript: Mid-Year Report – after First Set Final Transcript – After graduat 		-	es are record	
✓ Needed for:	CollegeScholarship	□ Ei □ 0	mployn ther	nent	
Number of Transcripts Needed:			Offici	al:	Unofficial:
✓ Choose One:	 Pick up at school Mailing requested Fax: (Provide fax #, name Name of Institution: Name of Contact: Fax Number 				ct person)
	ling address of attached envelopes	below		e of School/Pi 2.	rogram, Address, City, State, Zip Code

FOR OFFICE USE ONLY									
Date Mailed		Initials	Fee's Paid		Initials				