



Princeton Joint Unified School District
Princeton High School
 473 State Street Princeton, CA 95970
 Phone: (530) 439-2261 Fax: (530) 517-6260
 Email: dchavez@pjusd.org

TRANSCRIPT REQUEST

Request can be submitted in person, faxed, mailed or emailed.

Please submit a photocopy of your current driver's license or other government issued picture id.

Any request received **without** picture ID, **will NOT** be processed.

Requesting via fax: you will need to copy and lighten photo ID before faxing.

Requesting via e-mail: scan both the request and ID

Turnaround time is 3-5 school business days upon receipt of request.

All information must be completely filled in and legible (PLEASE PRINT)

Last Name: _____ First Name: _____ Middle: _____

Last Name in Aeries while attending PHS: _____

Last year you attended PHS: _____ Phone No.: _(____)_____

___ **Do you want the transcript MAILED** (Provide information for mailing)

Name of School / Employer: _____

School Address: _____

City: _____ State: _____ Zip Code: _____

___ **Please FAX my transcript to:**

School/Employer listed above to the attention of: _____

The fax number is: _(____)_____ The Phone number is: (____)_____

(If you need transcript mailed to you, your picture ID **must have the same address** that you want transcript mailed to. If the address is not the same as your ID, transcript will NOT be mailed to you)

___ **Please send OFFICIAL Transcript** (has school embossed seal mailed in a sealed envelope) Required by most schools.

___ **Please send UNOFFICIAL Transcript** (no school seal) Requests for self, insurance, employment etc.

___ I hereby Authorize: _____ to pick up Transcript

Signature: _____ **Date:** _____

For office use:

Request was Rec'd: _____ Request was Processed By: _____ Mailed: _____ Faxed: _____