

Transcript Request Form

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

Mail completed form to: IEM Transcripts, 4535 Missouri Flat Rd. 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:

- Transcript requests must be received in writing.
- 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: _____