

**TRANSCRIPT/CAHSEE/GED REQUEST FORM**

Lucia Mar Unified School District – Adult Education  
1055 Mesa View Dr., Arroyo Grande CA 93420  
Telephone: (805) 474-3756 Fax: (805) 473-5624 or 805-473-5518

Date \_\_\_\_\_

Print Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ Other Names \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

Last School Attended \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Last Date/Year Attended \_\_\_\_\_

Teacher: \_\_\_\_\_

Registrar: \_\_\_\_\_ Student's Signature: \_\_\_\_\_

Lucia Mar Unified School District Adult Education has my permission to obtain my transcript, CAHSEE and/or GED testing information.

**\*PLEASE INCLUDE CAHSEE DATES AND SCORES**

For Office Use Only
Date Requested: _____
Unofficial Rec'd: _____
Official Rec'd: _____
GED Rec'd: _____
Notes: _____

Mail Official Transcript	<input type="checkbox"/>
Fax Unofficial Transcript	<input type="checkbox"/>
Mail Official GED Results	<input type="checkbox"/>