



MJUSD Transcript Request Form

Please allow up to 10 business days for processing.

Please be sure to fill out the request form completely. Forms without all required information cannot be processed.

Return completed forms and a copy of your state issued ID to sandrat@mjUSD.com or to the mailing address located at the bottom of this form. Call 530-749-6159 with any questions.

First Name: _____

Last Name: _____

Date of Birth: _____

School Graduated/Last attended: _____

Year of Graduation/Last year attended: _____

Phone Number: _____

Mailing Address: _____

Please select a box from below:

Official Transcript:

Unofficial Transcript:

Number of copies: _____

Signature: _____

Date: _____

Completed Request forms can be submitted by email or mailed to:

ATTN: Educational Services, Room 110
Marysville Joint Unified School District
1919 B Street
Marysville, CA 95901

Office use only