



# 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 [acorrea@mjUSD.com](mailto:acorrea@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