



Transcript Request

Visions In Education

Student # _____

Date: _____

Attn: Student Records
11931 Foundation Place, Gold River, CA 95670
email: studentrecords@viedu.org
fax: 916-573-4199

☐ Official Transcript

☐ Unofficial Transcript

Number of Copies: _____

**Requests for Official Transcripts and Transcripts prior to the 16/17 school year
require 3 to 5 days to process.**

Please provide a copy(s) of high school transcript for the following student:

Please print clearly

Name _____ Date of Birth _____

Any other name used in High School _____

Requested by _____ Relationship to Student _____

Day Phone _____ Work Phone _____

Mail Transcript to: _____

Reason for Request

☐ College Name of College _____

☐ Transfer to new school Name of School _____

☐ Adult Ed. Name of School _____

☐ Technical School Name of School _____

☐ Military Service

Present School of Attendance _____

***You must attach a copy of a valid driver's license or military ID to this request.
If you are a minor (under age 16), a parent ID is required.***

Please complete entire form.