



HIGH SCHOOL DIPLOMA/TRANSCRIPT/RECORDS REQUEST

Mail request or submit in person to Elk Grove Adult and Community Education, 8401-B Gerber Road, Sacramento, CA 95828

PROGRAM/CLASS ATTENDED:

DATE REQUEST MADE _____ EMAIL ADDRESS _____

LAST NAME _____ FIRST NAME _____ M.I. _____

STUDENT ID# (IF KNOWN) _____ SSN (IF STUDENT ID # NOT KNOWN) _____ DATE OF BIRTH _____ PHONE _____

CURRENT ADDRESS _____ CITY _____ STATE _____ ZIP _____ CODE _____

● **Name While Enrolled at Our School:**

LAST NAME _____ FIRST NAME _____ M.I. _____

● **LOCATION WHERE STUDENT ATTENDED EGACE:**

☐ Adult Education Center (8401-B Gerber Road) ☐ Rio Cosumnes Correctional Center (RCCC)
☐ Sacramento County Main Jail ☐ Other Site _____

● **Record(s) Requested** (Please Check Box)

NORMAL PROCESSING: 10 business days | **RUSH Processing:** 2 business days

☐ Transcript from EGACE—OFFICIAL **GRADUATE:** Year of Graduation _____ **NON-GRADUATE:** Date last attended _____

☐ Transcript from EGACE—UNOFFICIAL **GRADUATE:** Year of Graduation _____ **NON-GRADUATE:** Date last attended _____

☐ GPA Verification

☐ Transcript from another school or institution

☐ High School Diploma (MUST BE PICKED UP) (ALLOW 4 WEEKS TO PROCESS)

☐ Attendance Verification: DATES OF ATTENDANCE _____ TO _____

● **Basic Order Information:** (Please check all that apply)

☐ I will pick up my transcripts/diploma (PHOTO ID REQUIRED)

☐ Mail copy of transcript(s) requested to: _____

☐ Fax copy of transcript(s) requested to: _____

● **Fees**

RUSH Transcript from EGACE—OFFICIAL OR UNOFFICIAL \$10.00

Transcript from EGACE—OFFICIAL OR UNOFFICIAL \$5.00

GPA Verification \$0.00

Transcript from another school or institution \$5.00

High School Diploma (MUST BE PICKED UP) (ALLOW 4 WEEKS TO PROCESS) \$25.00

Attendance Verification (FEE WAIVED FOR **CALWORKS** AND **CHILD ACTION** CLIENTS OR **DISTRICT EMPLOYEES** [UPON VERIFICATION]) \$5.00

● **In order to release your records, photo identification and your signature are required.**

Signature of Student/Former Student _____

Date _____

EGACE employee verifying ID
(REQUEST HAS BEEN PROCESSED)

Date _____

STAFF USE ONLY

☐ ID verified by initials _____

☐ Completed by initials _____