



Stockton School for Adults  
 Phone: (209) 933-7455  
 Transcript Request Form

**Mail request to:**  
**Stockton School for Adults**  
**Attention: Transcripts**  
**1525 Pacific Avenue**  
**Stockton, CA 95204**

**PLEASE READ THIS SECTION CAREFULLY BEFORE COMPLETING YOUR REQUEST FORM**

- ❖ GED transcripts for students who tested in California after July 1, 1990 must be requested from [www.ged.com](http://www.ged.com). Please visit website for more information.
- ❖ \$5.00 per transcript. Please allow 5 business days for processing.
- ❖ Money order made payable to *Stockton School for Adults*. Personal checks not accepted.
- ❖ Cash payment must be paid in-person only.
- ❖ **To process your form, a copy of your photo identification must be submitted with your request.**
- ❖ If you have any questions, please contact our office at 209-933-7455.

**PRINT CLEARLY Name (Current):**

\_\_\_\_\_  
 Last First Middle

**Name Used in School (If different from current):**

\_\_\_\_\_  
 Last First Middle

Date of Birth \_\_\_\_\_ Daytime Phone (\_\_\_\_) \_\_\_\_\_  
 MM DD YYYY

Current address \_\_\_\_\_  
 Number and Street Apartment

\_\_\_\_\_  
 City State Zip Code

**Type of Records Requested (Indicate quantity & total cost):**

High School Transcript-----Year graduated or last year attended: \_\_\_\_\_

GED Transcript – PRE-1990 ONLY. *After July 1, 1990 must go to GED.COM to request GED transcript.*

# \_\_\_\_\_ transcript(s) x \$5.00 = \$ \_\_\_\_\_ total amount due

- **Send money order for the total amount due**
- **Send in copy of your government-issued ID card**

**Send transcript(s) to:**  Agency name  Individual  Self Send \_\_\_\_\_ transcripts

\_\_\_\_\_  
 Agency / Individual Name

\_\_\_\_\_  
 Mailing Address City State Zip Code

**Send transcript(s) to:**  Agency name  Individual  Self Send \_\_\_\_\_ transcripts

\_\_\_\_\_  
 Agency / Individual Name

\_\_\_\_\_  
 Mailing Address City State Zip Code

**The below signature authorizes the release of my student transcripts and confirm I have completed all sections accurately and truthfully. I have enclosed fees and understand that fees are nonrefundable. I understand that an incomplete form will not be processed and may result in my request being returned or delayed.**

**Signature of Requestor** \_\_\_\_\_ **Date** \_\_\_\_\_

**OFFICE USE ONLY**

Amount Paid \$ \_\_\_\_\_ Date Received \_\_\_\_\_ Processed Date \_\_\_\_\_ By: \_\_\_\_\_