Center City High School Transcript Request

Complete and return this form in person, via U.S. mail, or fax to the address or fax number listed below.

Escondido Union High School District
Attn: CCHS Transcript Request    Phone: (760) 291-3200
302 N. Midway Dr.    Fax: (760) 796-4328
Escondido, CA 92027

**Note:** Photo identification and/or additional documentation may be requested for transcript processing or release.

### Name at time of enrollment:

<table>
<thead>
<tr>
<th>Last name</th>
<th>First name</th>
<th>Middle name (optional)</th>
</tr>
</thead>
</table>

| Student ID # if known: |

### Current name, if different:

<table>
<thead>
<tr>
<th>Last name</th>
<th>First name</th>
<th>Middle name (optional)</th>
</tr>
</thead>
</table>

| Date of birth: | Year graduated or last enrolled: |

**Important:** An official paper transcript is only “official” as long as it remains sealed in the original envelope. Do not open the envelope if you will be forwarding your transcript to another party (college, employer, consulate, etc.) Open only if you have ordered a copy of your transcript for personal reference.

### Number of copies requested:

<table>
<thead>
<tr>
<th>Purpose(s) for transcript(s) requested:</th>
<th>Scholarship (official)</th>
<th>Passport, consulate and/or Deferred Action for Child Applicants (DACA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unofficial for personal reference or other purpose</td>
<td>Employer (official)</td>
<td>Other official</td>
</tr>
<tr>
<td>College (official)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Purpose(s) for transcript(s) requested:

- Unofficial for personal reference or other purpose
- College (official)
- Scholarship (official)
- Employer (official)
- Passport, consulate and/or Deferred Action for Child Applicants (DACA)
- Other official

### Transcript delivery:

- Pick up / Self
- Mail to self
- Mail to college or other group

Max 2 mailing addresses per request

**Address 1:**

Name for mailing (Person, College, or other)

Street address

City          State          ZIP code

**Address 2:**

Name for mailing (Person, College, or other)

Street address

City          State          ZIP code

**Signature:**

Phone:

Email:

Date: