

**TRANSCRIPT REQUEST FORM**

Full Name: \_\_\_\_\_

Alias: \_\_\_\_\_

YA #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Facilities attended: \_\_\_\_\_

Date Attended: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Transcripts must be requested by mail or fax and must have a signature. Requests are not accepted by telephone or by e-mail. All transcripts are certified copies and will be sealed. Normal processing time is approximately five (5) business days after receipt of the request.

Mail request to: California Department of Corrections and Rehabilitation

Attn: Education Services / Transcripts

4241 Williamsborough Drive

Sacramento, CA 95823