DIVISION OF JUVENILE JUSTICE
8260 Longleaf Drive
Elk Grove, CA 95758

TRANSCRIPT REQUEST FORM

Date Requested: _____

To receive a copy of your high school transcript, please complete the following information and

Fax to:
(916) 683-7769
Attention: Transcripts

-OR-

Mail to:
CDCR - DJJ
Education Services
Transcripts
PO Box 588501
Elk Grove, CA 95758

FULL NAME: _____, _____, _____
(last) (first) (middle initial)

DATE OF BIRTH: _____ - _____ - _____

YA NUMBER: _____

HIGH SCHOOL / INSTITUTION ATTENDED: _____

APPROXIMATE TIMEFRAME OF ATTENDANCE: _____

DAYTIME PHONE NUMBER: (_____) _____ - _____

RETURN ADDRESS:

_____

_____

_____

_____

_____

_____

STUDENTS
SIGNATURE: _____ DATE: _____

~ THE CDCR DIVISION OF JUVENILE JUSTICE DOES NOT ISSUE DUPLICATE DIPLOMAS ~