TRANSCRIPT REQUEST FORM

To receive a copy of your high school transcript, please complete the following information and choose one of the following ways below to send.

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

Email to:  
ccdcr.djj-transcripts@cdcr.ca.gov

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

FULL NAME:________________________________________________________

DATE OF BIRTH:_________ _________ ________

YA NUMBER:___________________________________________

HIGH SCHOOL/ INSTITUTION ATTENDED:__________________________________________________________________

ARE YOU A HIGH SCHOOL GRADUATE?_____________ DID YOU RECEIVE YOUR GED?_______________

APPROXIMATE TIMEFRAME OF ATTENDANCE:__________________________________________________________

DAYTIME PHONE NUMBER: (_______) _______ ________

RETURN ADDRESS OF WHERE YOU WANT YOUR TRANSCRIPTS MAILED:
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

STUDENT SIGNATURE:  
DATE:

____________________________________________ _______________________

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