

**DIVISION OF JUVENILE JUSTICE
THE CALIFORNIA EDUCATION AUTHORITY
PO Box 588501
Elk Grove, CA 95758-8501
Telephone: 916-683-7754**



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:
cdcr.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 (MUST BE HANDWRITTEN):

DATE:
