

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.

Email to:

cdcr.djj-transcripts@cdcr.ca.gov

Mail to:

CDCR - DJJ
Education/Transcripts
PO Box 588501
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FULL NAME: _____

DATE OF BIRTH: _____

DJJ/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:

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Apt. # or Ste.

City State ZIP Code

STUDENT SIGNATURE (MUST BE HANDWRITTEN):

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