Transcript Request Form

Name used while in school: ______________________________

Last Name (Maiden Name)  First Name  Middle Name

Date of birth: __________________________ Telephone Number: ____________________

E-mail Address: __________________________________________

Records used for: DREAM ACT, (Deferred Action of Immigration) Yes _____  No _____
If No, and are requesting High School transcripts only, please complete Section “A”.
If Yes, please complete Section “A & B”

Section A

Last School attended in our district: ________________________________________

NON-Graduate: _______  Graduate: __________________________  Class of: __________

Section B

Schools attended in HLPUSD:  Elementary: ______________________________________

Middle: _____________________________________________

If you are requesting records to be mailed, please provide your mailing address below.

(Fees for records mailed need to be paid in advance.)

Name: __________________________

Address: __________________________

City: __________________ State _____ Zip Code: __________

Please note: Hacienda La Puente Unified School District cannot release any information without proper identification. You must provide a picture ID in person prior to the release of information. A driver’s license, passport or school ID is acceptable. NO PHOTOCOPIES WILL BE ACCEPTED. If you are unable to provide this information in person, take this form, have it notarized, mail the original back to:

Hacienda La Puente Unified School District - Student Records
P.O. Box 60002
City of Industry, CA  91716-0002

There will be a $2.00 processing fee for each transcript, CASH if in person or send a money order or cashier check payable to: Hacienda La Puente Unified School District.
No personal checks, Debit or Credit cards accepted.

# of Official copies requested: __________  # of Un-official copies requested: __________

Signature: __________________________  Date: __________

Office use only

Laserfishe: _______  ST/SR/CD: _______  Picked up: __________
SMART: ___________  #: _______  Mailed: __________
Hard Copy: _______  Faxed: __________
Paid: _______  Date: __________