| Sonoma Office of Ed | |
|------------------------|---------|
| Office of Lu | ucation |

5340 Skylane Boulevard Santa Rosa, CA 95403-8246 (707) 524-2600 ■ www.scoe.org

TRANSCRIPT & DIPLOMA REQUEST FORM

| Date of Request: | Last Year Attended: | | |
|--|---|--|--|
| Requested by: | | | |
| Student Name:(while enrolled in | Date of Birth: [while enrolled in school] | | |
| Last School Attended: | Contact Phone #: | | |
| Please Check T | ranscripts or Diploma Needed: | | |
| Diploma (Copy) | Diploma (Original, if never pick up) | | |
| Official sealed (for college, etc., Has sig | gnature and school stamp, is in a sealed envelope) | | |
| Unofficial (personal use, no signature o | r school stamp) | | |
| Student Signature (if student is ov | er 18) Date | | |
| If student over 18, name of person pickir | ng up documents | | |
| Parent Signature (if student is und Or Signature of Individual Approved by | | | |
| Mail to: (NOTE: If you are requesting an original dip stolen, or never received by mail, a replacement | ploma to be mailed, please be aware that if the original diploma is lost, ent CANNOT be made.) | | |
| Email to: | | | |
| Fax to: | | | |
| Walk In: | | | |
| ID REQUIRED FOR ALL PARTI | ES Your request will be processed within 2 working day | | |

Amie R. Carter Ed.D. Superintendent of Schools Board of Education Gina Cuclis, Herman G. Hernandez, Peter Kostas, Andrew Leonard, Steve Herrington, Ph.D.