



MJUSD Transcript/Record Request Form

Please allow up to 10 business days for processing.

Please be sure to fill out the request form completely. Forms without all required information cannot be processed.

Return completed forms and a copy of your state issued ID to ccastro@mjud.com or to the mailing address located at the bottom of this form. Call 530-749-6159 with any questions.

Please enter your name as it was during your time of attendance.

First Name: _____

Last Name: _____

Date of Birth: _____

School Last Attended/Graduated From: _____

Last Year Attended/Year of Graduation: _____

Phone Number: _____

Mailing Address: _____

Item requested: Official Transcript ☐ Unofficial Transcript ☐ Other ☐ _____

Number of copies: _____

Delivery Method: Pickup ☐ Mailed to Address Above ☐ Emailed (enter above) ☐

Signature: _____

Date: _____

Completed request forms can be submitted by email or mailed to:

ATTN: Educational Services, Room 110
Marysville Joint Unified School District
1919 B Street
Marysville, CA 95901

Office Use Only

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