



# PARAMOUNT UNIFIED SCHOOL DISTRICT

## STUDENT RECORDS

15110 S. CALIFORNIA AVE  
PARAMOUNT, CA 90723

### RECORDS REQUEST FORM

<b>1.CURRENT NAME:</b>			<b>2.NAME USED IN SCHOOL WHILE ATTENDING/MAIDEN NAME</b>		
LAST	FIRST	MIDDLE	LAST	FIRST	MIDDLE
<b>*If you have changed your name since attending PUSD school, other than through marriage, please provide a copy of the legal document(s) showing both your former name and new name. Your request will not be processed without this required documentation. A legal document may be a copy of Naturalization Certificate (copy of both sides) or Court Document indicating the name change.</b>					
<b>3. Current Address: Number and Street</b>			<b>City</b>		<b>State</b>
					<b>Zip</b>
<b>4. Telephone Number: (    )</b>			<b>5. Date of Birth: (MM/DD/YY)</b>		
<b>6. Year Graduated: (YYYY)</b>		<b>Last year Attended: (YYYY)</b>	<b>7. Name of Last PUSD School Attended: (k-12)</b>		
<b>8. I, the undersigned, request and authorize that a transcript of my grades and/or scholastic records be forwarded to (if different than current address in section 3):</b>					
<b>*Name of Institution:</b>			<b>*Name of Institution:</b>		
Attention:			Attention:		
Number and Street			Number and Street		
City	State	Zip	City	State	Zip
<b>*Name of Institution:</b>			<b>*Name of Institution:</b>		
Attention:			Attention:		
Number and Street			Number and Street		
City	State	Zip	City	State	Zip
<b>Type of Records (Indicate Quantity and Total Cost):</b>					
Type	Fee	Quantity	Cost		
<b>Transcripts</b>	<b>\$5.00 per copy</b>				
<b>IEP/Special Education</b>	<b>\$5.00 per copy</b>				
<b>Enrollment History</b>	<b>\$5.00 per copy</b>				
<b>Immunization Record</b>	<b>\$5.00 per copy</b>				
<b>The District was not required to keep immunization records for students with date of birth 1979 and prior.</b>		<b>Total Fees Enclosed \$</b>			
<b>NO PERSONAL CHECKS ACCEPTED; FEES ARE PAYABLE BY U.S. MONEY ORDER ONLY PAYABLE TO: Paramount Unified School District</b>					
<b>10. Authorization For Release</b>					
The below signature authorizes the release of transcripts and confirms I have completed all sections accurately and truthfully, including information verifying my identity. I have enclosed the correct fees and understand that they are non-refundable. I understand that an incomplete form will not be processed and will be returned. I declare under penalty of perjury that the forgoing is true and correct.					
Signature			Date:		
REQUEST SUBMITTED WITHOUT REQUIRED INFORMATION, PROPER IDENTIFICATION AND FEES WILL BE RETURNED					
CHECK LIST: Completed Transcript, Request Form, Copy of ID, Money Order and Legal Document with Change of Name					