

Lompoc Unified School District
REQUEST FOR STUDENT RECORDS / EDUCATION VERIFICATION / HIGH SCHOOL TRANSCRIPT

PLEASE ALLOW **2-5 BUSINESS** DAYS FOR PROCESSING YOUR REQUEST

Today's Date: _____ Student's Birthdate: _____

Name: _____

Current Last Name Last Name at time of enrollment/other First Name Middle Name

Social Security # _____ - _____ - _____ Place of Birth: _____

Parent or Legal Guardian _____

Schools Attended: **Check [] to Indicate:**

Last High School Attended in Lompoc [] Cabrillo [] Lompoc [] Maple [] Adult Ed

Other High School(s) Attended in Lompoc [] Cabrillo [] Lompoc [] Maple [] Adult Ed

Date graduated or withdrew (mo/yr) _____

Forward Transcript: **Check [] to Indicate:**

[] Unofficial Transcript [] Official Transcript** [] Verification of Education Only

[] Fax [] Mail [] Pick up at District Office

***** OFFICIAL TRANSCRIPTS MUST BE MAILED DIRECTLY TO THE AGENCY OR SCHOOL***
(Students can only receive UNOFFICIAL copies)**

Agency/School or Self: _____

Attention: _____

Address: _____

City, State & Zip _____

Fax # _____

CONSENT FOR RELEASE OF INFORMATION

I hereby authorize the **Lompoc Unified School District** to Release and/or send any **educational** information to the agency/school at the address/fax number listed above or mailed to myself to the address listed below.

Applicant Signature _____

Address _____

Telephone _____ E-mail Address _____

(For communication purposes only – cannot email transcripts)

Return Request for Records along with **\$5.00** payment per copy/fax and your original signature to:
Student Records

Lompoc Unified School District
Post Office Box 8000
Lompoc, CA 93438-8000

Phone: 805 742-3297

Fax: 805 736-4620

