

**El Dorado Union High School District**  
**El Dorado High School**  
**Request for Transcripts**

For all transcripts requested to be sent by US mail to colleges, scholarship programs, or to other organizations:

- No transcript fee will be charged to current students.
- Please complete the form below and email it to [jpoderick@eduhd.k12.ca.us](mailto:jpoderick@eduhd.k12.ca.us) or deliver it to the EDHS Counseling Office in Room A201.
- For questions, please contact the registrar at [jpoderick@eduhd.k12.ca.us](mailto:jpoderick@eduhd.k12.ca.us) or (530) 622-3634 x1029.

<b>Student Name:</b> <small>(Name used in High School)</small>		<b>Today's Date:</b>	
<b>Student Date of Birth:</b>		<b>Student ID #:</b>	
<b>Student Phone#:</b>		<b>Year of Graduation:</b>	

**U.C. and C.S.U. Campuses- DO NOT NEED TRANSCRIPTS SENT WITH APPLICATION**

- ✓ Select One:     Current Transcript
- RUSH:** Current Transcript:                      Reason: \_\_\_\_\_
- Mid-Year Report – after First Semester grades are recorded
- Final Transcript – After graduation / second semester, grades are recorded.
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- ✓ Needed for:     College     Employment
- Scholarship     Other

<b>Number of Transcripts Needed:</b>	<b>Official:</b>		<b>Unofficial:</b>	
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- ✓ Choose One:     Pick up at school
- Mailing requested
- Fax/Email:    (Provide fax #, name of institution, and contact person)
- Name of Institution: \_\_\_\_\_
- Name of Contact: \_\_\_\_\_
- Fax Number/Email: \_\_\_\_\_

**Please attach the stamped addressed envelope(s) to this *Request for Transcripts* form.**

Mail Transcript(s) to: Name of School/Program, Address, City, State, Zip Code

<p>1. _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>2. _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>3. _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>4. _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

FOR OFFICE USE ONLY							
<b>Date Mailed</b>		<b>Initials</b>		<b>Fee's Paid</b>		<b>Initials</b>	