

Transcript Request Form

Diploma Replacement: We do not retain copies of diplomas, please request a transcript/graduation verification from the Registrar at subaa@esuhsd.org and then contact Mr. Mike Rabago at **925-876-7731**

Official transcripts: for schools and employers, can be mailed or hand-carried, but **MUST** remain sealed.

Unofficial transcripts: can be mailed or picked up in person, and will be stamped unofficial.

Requests must either be mailed or hand delivered to Independence High School (no faxes or emails).

If sending request via U.S. mail: Include a **photocopy of a photo ID**
Include the request form with your **signature and payment** (see below for payment information).

If transcript is to be mailed by Independence, please provide the name, address and *attention: to* information of the receiving company or school.

Mail to:

Independence High School
ATTN: Registrar
617 North Jackson Avenue
San Jose, CA 95133

If requesting in person: bring your **photo ID** and **payment**

FEES:

▪ Transcripts requiring payment will not be processed until paid. **Cash, company check or money order (payable to Independence High School) are the only forms of payment accepted.** Personal checks are not accepted.

▪ Official transcripts/Graduation Verification: \$5.00

▪ Unofficial transcripts: \$2.00

▪ Current student: no charge

**** If transcript needs to be mailed internationally,** you need to send us a self-stamped envelope along with the request form, your ID and payment. We will insert the sealed official transcript and mail it back to you.

Transcript Request Form

Note: It takes 3 days to process transcript

Today's Date: _____

Official Transcript _____

Unofficial Transcript _____

Name Used When Attending Independence High School:

Last name: _____ First & Middle Name _____

Date of Birth: _____ Student ID (if you know it: _____

Last year you Attended IHS (example: 2012) _____

Your phone# with area code: _____

Your email address: _____

Signature: _____

Name of college, company, agency, home address you want to mail it to:

Attention to: (Name of Department)

Address: _____

City: _____

State and Zip Code: _____

***If you want your transcript to be sent electronically, please provide *the email address* of the school or company below:
