

CW Transcript Form

(For the request of an existing transcript)

Mail completed form to: IEM Student Records, 4535 Missouri Flat Road, Ste. 1A,
Placerville, CA 95667)

School Name _____ Date _____

Student Name _____ Student Number _____

ES Name _____ ES code _____

School Year _____ First Semester _____ Second Semester _____
(Please use one form for each semester and school year)

_____ I am requesting an Official Transcript for this student.
(must include a self-addressed stamped envelope)

List by (choose one): _____ Subject _____ Year _____ Yr. & Semester

Please mail to:

(fill in address, then sign at the bottom of this form)

Signature: _____

**(Requester's Signature Required...if student is a minor, this must
be signed by parent or legal guardian.)**