

Mountain Empire Unified School District  
3291 Buckman Springs Road • Pine Valley • Ca • 91962  
Phone (619) 473-9022 • Fax (619) 704-1609  
afton.gonzalez@meusd.org

TRANSCRIPT REQUEST FORM  
Eagles Peak, Mountain Peak & San Diego Neighborhood  
Charter Schools

Instructions: Complete and mail/fax/email this form with all applicable information to the information above.

Eagles Peak Charter School  
Mountain Peak Charter School  
San Diego Neighborhood Charter School

Student Information: (please print)

\_\_\_\_\_  
LAST NAME at time of graduation

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
Current last name if different than above

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Year of Graduation

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

(\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Phone Number

Official (signed & sealed) \_\_\_\_\_  
Qty

Unofficial \_\_\_\_\_  
Qty

Mail to address listed above

Mail to:

\_\_\_\_\_  
Name of College or Place of Business

\_\_\_\_\_  
Attention

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
**Signature: (required)**

\_\_\_\_\_  
**Date**

In accordance with the Family Educational Rights and Privacy Act (FERPA) of 1974, your signature is required to authorize the release of your transcripts.

For office use only:

Date received: \_\_\_\_\_ Date Processed: \_\_\_\_\_ Processed by: \_\_\_\_\_