



Clairemont High School

4150 Ute Drive
San Diego, California 92117

(619) 605-2600

(858) 272-4219 fax

Email: tpena@sandi.net

Official Record Request

Date: _____

To: _____
(NAME OF LAST SCHOOL ATTENDED)

Fax/Email: _____
(LAST SCHOOL ATTENDED)

I authorize the release of all educational records to Clairemont High School.

Print Name of Parent/Guardian

Signature

Relationship

From: *Teresa Peña* ~ REGISTRAR

Phone: (619) 605-2600 ~ Fax: (858) 272-4219

The following Student has enrolled at Clairemont High School:

Name: _____

Date of Birth: _____ Grade: _____

SCHOOL USE ONLY

⇒ PLEASE SEND THE FOLLOWING INFORMATION:

****Please FAX a copy of the Official Transcript as soon as possible for class placement****

○ Within SDUSD:

____ CUM folder (include Health Card)
____ Special Ed Container

○ Out of District School:

____ Transcript Official (mailed)
____ Transcript unofficial (email)
____ Leaving Grades
____ Special Ed. Records (IEP / Psych Reports)
____ Immunizations