

# TRANSCRIPT ORDER FORM

For questions regarding the California High School Proficiency Exam (CHSPE) contact the CHSPE Office by email at [CHSPE@cde.ca.gov](mailto:CHSPE@cde.ca.gov) or by phone: at 916-445-9449.

## Test Taker Information

First Name:

Last Name: (*Specify the name used at the time of testing*)

Middle Initial:

Date of Birth:

Approximate Test Date:

CHSPE ID (*If known*):

## Personal Contact Information

Name (only if your name has changed):

Mailing Address:

Phone Number:

Email:

## Orders

**Note:** Orders will be processed within 5 business days of receipt.

Transcripts requested (\$15 per transcript ordered):

Fees:



**CHSPE**

California High School  
Proficiency Examination

## Release Information

Pursuant to the Family Educational Rights and Privacy Act (FERPA), 20 United States Code Section 1232g, parental consent is required before personally identifiable information from your child's education records (specifically their CHSPE Transcript) may be disclosed to the individual(s) or organization(s) listed below. If your child is age 18 or over, they are an "eligible student" and have to provide consent for disclosure of information for their education records.

I, **[Name of Parent / Guardian / Eligible Student]**  
hereby agree to allow the California Department of Education to disclose my CHSPE transcript for **[Name of Student]**  
to **[Name of individual(s) / organizations(s)]**  
for the purpose of **[state purpose of disclosure]**

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Signature of Parent, Guardian, or Eligible Student

Date

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Printed name of Parent, Guardian, or Eligible Student

## Send Document(s) To:

**Note:** Use an additional piece of paper if you are ordering documents to be sent to more than one address.

Name of Organization:

Mailing Address:

Phone Number:

Email:

## How to Pay Your Fees

Enclose a money order or bank-issued cashier's check payable to The California Department of Education. Incomplete forms and forms received without proper fees will be returned to the requester. Cash, personal checks, and payments using credit or debit cards **will not** be accepted.

## Mailing Information

Print and mail this form along with applicable fees to:

California Department of Education  
Attn. CHSPE Office  
1430 N Street Suite 4409  
Sacramento, CA, 95814



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