



**TRACY UNIFIED SCHOOL DISTRICT**

West High School  
 1775 W. Lowell Ave.  
 Tracy, CA 95376  
 (209)830-3370

**OFFICIAL TRANSCRIPT REQUEST FORM**

Turnaround time for current students is 2-4 Days. Turnaround time for past students is 2-10 business days.

<b>1. Name (Current):</b>			<b>2. Name Used in School (If different from Current Name in Section 1)*:</b>		
Last	First	Middle	Last	First	Middle

*\*If you have changed your name since attending a TUSD school, other than through marriage, please send a copy of the legal document(s) showing both your former name and new name. Your request will not be processed without this required documentation. A legal document may be a copy of Naturalization Certificate (copy of both sides) or Court document indicating the name change.*

<b>3. Current Address</b>	Number and Street	City	State	Zip Code
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<b>4. Telephone Number:</b>	<b>5. Email Address:</b>	<b>6. Date of Birth (MM/DD/YYYY)</b>	<b>7. School Last Attended</b>
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<b>8. Year Graduated or Last Year Attended: (YYYY)</b>	
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**9. Send Transcripts To (If different than Current Address in Section 3):**

<b>•Name of Institution:</b>	<b>Transcript Type</b>	<b>Fee</b>	<b>Quantity</b>	<b>Cost</b>
Attention:	Official High School Transcript	\$ 3.00	=	\$
Number and Street:	Education Verification for Employer	\$ 3.00	=	\$
City: State: Zip Code:	Transcripts or Verification Prior to 1994	\$ 7.00	=	\$

<b>•Name of Institution:</b>	<b>Photo Copy of Records/per page</b>	<b>Fee</b>	<b>Quantity</b>	<b>Cost</b>
Attention:		.35	=	\$
Number and Street:	Non-Student Cal Grant	\$5.00	=	\$
City: State: Zip Code:				

<b>•Name of Institution:</b>	<b>Special Services</b>	<b>Fee</b>	<b>Quantity</b>	<b>Cost</b>
Attention:	Walk-in / Same Day Service.	\$10.00	=	\$
Number and Street:	Faxing of Documents	\$ 5.00	=	\$
City: State: Zip Code:				

For additional addresses, print another request form. Complete Section 9 and submit with the original request form.	<b>Total Fees Enclosed to Tracy Unified School District</b>	\$
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**NO PERSONAL CHECKS ACCEPTED • FEES ARE PAYABLE BY MONEY ORDER OR CASH**

**11. Authorization for Release**

*The signature below verifies that I have completed all sections accurately and enclosed the correct fee. I understand that the fees are nonrefundable. I also understand that this application will not be processed if it is incomplete.*

Signature _____	Date _____
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