



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.

1. Name (Current):			2. Name Used in School (If different from Current Name in Section 1)*:		
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.*

3. Current Address	Number and Street	City	State	Zip Code
---------------------------	-------------------	------	-------	----------

4. Telephone Number:	5. Email Address:	6. Date of Birth (MM/DD/YYYY)	7. School Last Attended
() -	@	/ /	

8. Year Graduated or Last Year Attended: (YYYY)	
--	--

9. Send Transcripts To (If different than Current Address in Section 3):		10. Type of Records Requesting (Indicate Quantity & Total Cost):			
•Name of Institution:		Transcript Type	Fee	Quantity	Cost
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	=	\$
•Name of Institution:		Photo Copy of Records/per page	.35	=	\$
Attention:					
Number and Street:		Non-Student Cal Grant	\$5.00	=	\$
City: State: Zip Code:					
•Name of Institution:		Special Services	Fee		Cost
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.	Total Fees Enclosed to Tracy Unified School District	\$
---	---	----

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 _____