

AGUA DULCE HIGH SCHOOL TRANSCRIPT RELEASE FOR CURRENT AND FORMER STUDENTS:

Student Last Name (Under which you graduated)	
Student First Name	
Student Middle Name	
Student Date of Birth:	
Student Soc. Sec. Number	
Please: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Hold for Pick Up Number of Copies Total ____	Name of Institution, business, or entity to send transcript to: _____ Address Location: _____ _____ _____
Additional Addresses: (Leave blank if unused)	Name of Institution, business, or entity to send transcript to: _____ Address Location: _____ _____ _____ Name of Institution, business, or entity to send transcript to: _____ Address Location: _____ _____ _____
Student Release Signature	_____ Signature Date

Office use only: Transcript Sent ____yes ____ no (if not why? _____)

Registrar Confirmation of Sending: _____

(File in Students Cumulative File or attached to Skyward File portfolio page)