



Tracy Adult School
Phone: (209)830-3384
Fax: (209) 830-3385
Transcript Request Form

PRINT CLEARLY

Mail Request to:
Tracy Adult School
Attention: Transcripts
1875 W Lowell Ave
Tracy, CA 95376
E-mail Request to:
adulthood@tusd.net

Last First Middle
Name (Current)

Last First Middle
Name Used in School (If Different from Current)

Date of Birth _____ Day Time Phone (_____) _____ - _____

Current address _____
Number and Street Apartment

City State Zip Code
Type of Records Requested

☐ High School Transcript- Year Graduated or Last Year Attended: _____

☐ GED Transcript- Year GED was taken or completed: _____

☐ Will pick up: NAME _____

☐ Send Transcript to: _____
AGENCY NAME OR INDIVIDUAL NAME

ADDRESS CITY STATE ZIP CODE

The below signature authorizes the release of my student transcripts and confirm I have completed all sections accurately and truthfully. **WE DO NOT ACCEPT ELECTRONIC SIGNATURE.**

(PLEASE ATTACH COPY OF STATE IDENTIFICATION)

Signature of Requestor _____ Date _____

OFFICE USE ONLY

PROCESSED BY: _____ DATE RECEIVED: / /