

TRACY UNIFIED SCHOOL DISTRICT

Kimball High School 3200 Jaguar Run Tracy, CA 95377 (209)832-6600

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):	First	Middle	2. Name Used in School (If diffe	erent from C		Section 1)*:
Last	1 1151	Middle	Last	list	iv	luule
*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)	6. Date of Birth (MM/DD/YYYY) 7. School Last Attended		
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8. Year Graduated or L	ast Year Attended: (YYYY)					
9. Send Transcripts To	(If different that Current Address	in Section 3):	10. Type of Records Requesting	g (Indicate	Quantity & To	al 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 199	4 \$ 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 Ur	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						