

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 differ	ent from C		in Sect	
Last	LII2f	ivildale	Last	151		wildale	
*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 Addre	ss:	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	(Indicate	Quantity & To	otal Co	st):
Name of Institution:			Transcript Type	Fee	Quantity	C.	ost
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		C	ost
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 Uni	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							