

ROSEVILLE JOINT UNION HIGH SCHOOL DISTRICT

TRANSCRIPT REQUEST

completed by _____	date _____
--------------------	------------

Transcripts are official documents and are signed and sealed by the School Official. They can only be released to the student when requested in writing, or a parent or guardian if the student is under 18 years of age.

Student ID: _____ Name on Transcript: _____

Date Of Birth: _____ Graduation / Withdrawal Date: _____ School _____

(Circle one)

First

Middle

Last

Mark all that Apply (There is a \$3 charge for every requested copy.) Former students: First 2 copies no charge.

- | | |
|---|--|
| <input type="checkbox"/> Number of official Transcripts requested | <input type="checkbox"/> No Test Scores Printed On transcript (Current students only) |
| <input type="checkbox"/> Number of Unofficial Transcripts Requested | <input type="checkbox"/> I will pick up my transcript(s) |
| <input type="checkbox"/> Please wait for final grades | <input type="checkbox"/> I give permission for my parent to pick up transcript(s) |
| <input type="checkbox"/> NCAA registration** | <input type="checkbox"/> Please mail my transcript(s) to the following institution(s)*** |

Be sure to print out a copy of your clearinghouse form

Attach a self addressed stamped envelope for each request

Please PRINT the name and address of where you are sending your transcripts (use back of page if necessary):

If you would like your transcript faxed please provide the fax number, name of institution, and contact person:

Student Signature _____ Phone # _____ Drivers Lic. # _____

Parent Signature _____ (Required if student is less than 18 years of age) Date _____

*Transcripts include grades, credits and test scores (A.P., SAT, ACT, State Tests)

Please be prepared to pay outstanding fines. To expedite your request, please make sure all of your information is accurate.

Rev. 1/17 BNZ