

# ROSEVILLE JOINT UNION HIGH SCHOOL DISTRICT

## TRANSCRIPT REQUEST

completed by _____	date _____
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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:

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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