dhay@tusd.org

TORRANCE HIGH SCHOOL
REQUEST FOR STUDENT RECORDS

NAME: _____
LAST FIRST MIDDLE

CURRENT ADDRESS: _____ APT: _____

_____ _____ _____
CITY STATE ZIP

BIRTHDATE: _____ DAYTIME PH.: _____

NAME USED IN SCHOOL (IF DIFFERENT FROM ABOVE): _____
LAST FIRST MIDDLE

LAST YEAR ATTENDED/GRADUATED: _____

LIST ANY ADULT SCHOOLS ATTENDED WITHIN TUSD:

_____ LAST YEAR ATTENDED: _____

_____ LAST YEAR ATTENDED: _____

Please check here if you previously requested your records from July 2010 through March 2012: _____

Please note that if the last school you attended was not within TUSD, then we most likely do not have your records. Please check with the last school or district you last attended

GRADUATE OR WITHDRAWAL (PLEASE CIRCLE ONE)

COPIES WILL BE: MAILED OR PICKED UP (PLEASE CIRCLE ONE)

NUMBER OF TRANSCRIPTS REQUESTED: _____
$20 FOR FIRST COPY, $5 EACH ADDITIONAL COPY

LIST ANY ADDITIONAL RECORDS YOU ARE REQUESTING:
$20 FOR INITIAL REQUEST, $0.25/PAGE AFTER 10 PAGES - COST MAY BE DETERMINED AFTER RECORDS ARE RETRIEVED

_____

_____

_____

I, _____ HEREBY AUTHORIZE THE RELEASE OF MY SCHOLASTIC RECORDS AND HEREBY WAIVE ALL LIABILITY OF THE TORRANCE UNIFIED SCHOOL DISTRICT FOR RELEASING THE SAME

IF SOMEONE OTHER THAN YOURSELF WILL PICK UP OR RECEIVE YOUR RECORDS, PLEASE:

LIST NAME: _____

SIGNATURE: _____ DATE: _____

COMMENTS: _____

TO EVREX: _____ TO STUDENT: _____ AMT PAID: _____ (CASH OR MONEY ORDER)