



SHERY HIGH SCHOOL
REQUEST FOR STUDENT RECORDS

Form with fields: LAST NAME, FIRST NAME, MIDDLE, CURRENT ADDRESS, STREET, APT, CITY, STATE, ZIP, BIRTHDATE, DAYTIME PHONE NO., EMAIL. Includes instruction: NAME USED IN SCHOOL (IF DIFFERENT FROM ABOVE):

Form with fields: LAST NAME, FIRST NAME, MIDDLE, DATE / YEAR GRADUATED, WITHDRAWAL DATE / YEAR

Form with fields: LIST ANY ADULT SCHOOLS ATTENDED WITHIN TUSD, LAST YEAR ATTENDED, HAVE YOU PREVIOUSLY REQUESTED RECORDS?

IMPORTANT: 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 attended.

IF YOU WOULD LIKE YOUR RECORDS MAILED, YOU MUST PROVIDE A SELF-ADDRESSED ENVELOPE WITH YOUR REQUEST

CHECK ALL THAT APPLY: I WILL PICK UP MY RECORDS FROM THE OFFICE. PLEASE MAIL RECORDS, I HAVE INCLUDED A SELF ADDRESSED STAMPED ENVELOPE AS REQUESTED. PLEASE EMAIL RECORDS, I UNDERSTAND THEY WILL BE UNOFFICIAL IF SENT BY EMAIL. I HAVE LISTED MY EMAIL ADDRESS ABOVE.

NUMBER OF TRANSCRIPTS REQUESTED:

LIST ANY ADDITIONAL RECORDS YOU ARE REQUESTING:

I, _____ HEREBY AUTHORIZE THE RELEASE OF MY SCHOLASTIC RECORDS AND HEREBY WAIVE ALL LIABILITY OF THE TORRANCE UNIFIED SCHOOL DISTRICT FOR RELEASING THE SAME. GOVERNMENT ISSUED OR SCHOOL ID: _____

IF SOMEONE OTHER THAN YOURSELF WILL PICK UP OR RECEIVE YOUR RECORDS, PLEASE: GOVERNMENT ISSUED OR SCHOOL ID: _____

LIST NAME: _____ OR SCHOOL ID: _____

SIGNATURE: _____ DATE: _____

COMMENTS: _____ TO STUDENT: _____