

thstranscripts@tusd.org

TORRANCE HIGH SCHOOL REQUEST FOR STUDENT RECORDS

NAME:					
LAST	FIRST		MIDDLE		
CURRENT ADDRESS:			APT:		
CITY	STATE		ZIP		
BIRTHDATE: DAYTI		:			
NAME USED IN SCHOOL (IF DIFFERENT FROM ABOVE):	LAST		FIRST	MIDDLE	
	LASI YEAR	ATTENDED/GRA	DUATED:		
LIST ANY ADULT SCHOOLS ATTENDED WITHIN TUSD:					
		LAST YEAR AT	TENDED:		
Please note that if the last school you attended was no Please check with the last school or district you last at		hen we most lik	ely do not have yo	ur records.	
GRADUATE OR WITHDRAWAL (PLEASE CHEC	K ONE)				
COPIES WILL BE: MAILED PLEASE INCLUDE A SELF-, SELF-STAMPED ENVELOP		OR PICKED UP	(PLEASE CHECK (ONE)	
NUMBER OF TRANSCRIPTS REQUESTED:			Money Order, or <u>W</u> nies requesting records r		
\$5 FOR FIRST COPY, \$5 EACH ADDITIONAL COPY LIST ANY ADDITIONAL RECORDS YOU ARE REQUESTI	ING		able to Torrance Unified		
\$5 FOR INITIAL REQUEST, \$0.25/PAGE for each additional page - COST M	-	AFTER RECORDS A	RE RETRIEVED		
I, HEREBY AND HEREBY WAIVE ALL LIABILITY OF THE TORRANC			MY SCHOLASTIC F FOR RELEASING T		
IF SOMEONE OTHER THAN YOURSELF WILL PICK UP	OR RECEIVE YO	OUR RECORDS,	PLEASE:		
LIST NAME:					
SIGNATURE:		DATE:			
COMMENTS:					
TO STUDENT: AMT PAID:(CA	ASH / MONEY ORDER	/ Webstore)			
PLEASE MAIL YOUR PAYMENT WITH T	HIS FORM AN	D A COPY OF	YOUR PHOTO	D TO:	
TORRANCE HIGH SCHOOL ATTN: RECO					
2200 W CARSON STREET TORRANCE, CA 90501					
* If you would like your records mailed, yo	u must include	a self-address	ed, self-stamped	l envelope.	