

# Transcript Request Form

Please Print Clearly

\_\_\_\_\_  
First Name                      Middle Name                      Last Name                      Maiden Name

\_\_\_\_\_  
Address    City                      State                      Zip

\_\_\_\_\_  
Date of Birth (mm/dd/yyyy)                      Phone Number

|   |                                  |
|---|----------------------------------|
| <b>Type of Document Requested</b>             |                                  |
| <input type="radio"/> Graduation Verification |                                  |
| <input type="radio"/> High School Transcript  |                                  |
| <input type="radio"/> Immunization Record     |                                  |
| <input type="radio"/> Official                | <input type="radio"/> Unofficial |

|   |  |
|---|--|
| <b>Last School Attended</b>                 |  |
| <input type="radio"/> Calla High            |  |
| <input type="radio"/> East Union High       | <b>Year Last Attended</b>                          |
| <input type="radio"/> Lathrop High          |  |
| <input type="radio"/> Manteca Community Day |  |
| <input type="radio"/> Manteca High          |  |
| <input type="radio"/> New Vision High       | <b>Did you Graduate?</b>                           |
| <input type="radio"/> Sierra High           | <input type="radio"/> Yes <input type="radio"/> No |
| <input type="radio"/> Weston Ranch High     |  |

\_\_\_\_\_  
First Name                      Middle Name                      Last Name  
*Name Used at the Last School Attended (if different than above)*

Mail Documents To:

|                  |                |              |
|------------------|----------------|--------------|
| _____<br>Name    |                |              |
| _____<br>Address |                |              |
| _____<br>City    | _____<br>State | _____<br>Zip |

Mail Documents To:

|                  |                |              |
|------------------|----------------|--------------|
| _____<br>Name    |                |              |
| _____<br>Address |                |              |
| _____<br>City    | _____<br>State | _____<br>Zip |

*Due to the volume of requests, documents will be processed within 10 working days. If we are unable to retrieve your information a letter will be sent to your current address listed above. This request will only be processed if all information is filled out.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

*I authorize the Manteca Unified School District to release the selected documents to the addressees listed above. I understand that these documents can contain identifying information, grade records, class standing, and test data.*

**Mail this form to :** Manteca Unified School District  
Secondary Ed Department  
P.O. Box 32  
Manteca, CA 95336  
Fax: (209) 825-7095



|                            |  |
|----------------------------|--|
| <b>FOR OFFICE USE ONLY</b> |  |
| Request Received:          | _____  |
| Documents Mailed:          | _____  |
| Able to Complete           | Yes <input type="radio"/> No <input type="radio"/> |