

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

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

Last School Attended	
<input type="radio"/> Calla High	
<input type="radio"/> East Union High	Year Last Attended
<input type="radio"/> Lathrop High	
<input type="radio"/> Manteca Community Day	
<input type="radio"/> Manteca High	
<input type="radio"/> New Vision High	Did you Graduate?
<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:

_____ Name		
_____ Address		
_____ City	_____ State	_____ Zip

Mail Documents To:

_____ Name		
_____ Address		
_____ City	_____ State	_____ 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
Student Services
P.O. Box 32
Manteca, CA 95336
Fax: (209) 858-7530



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