

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
----------------------------	--------------

Official Type of Document Requested

Graduation Verification

High School Transcript

Immunization Record

Official Unofficial

Last School Attended

Calla High

East Union High

Lathrop High

Manteca Community Day

Manteca High

New Vision High

Sierra High

Weston Ranch High

Year Last Attended _____

 Did you Graduate? Yes No

First Name	Middle Name	Last Name
<i>Name Used at the Last School Attended (if different than above)</i>		

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
 Secondary Ed Department
 P.O. Box 32
 Manteca, CA 95336
 Fax: (209)858-7530



FOR OFFICE USE ONLY

Request Received: _____

Documents Mailed: _____

Able to Complete Yes No