



Transcript Request Form

I hereby give my consent to the Manteca Unified School District to release my transcripts.

Name: _____
Print name enrolled under at Weston Ranch

Date: _____

Signature: _____

Phone: _____

Date of Birth: _____

Year of Graduation: _____

Or Year Dropped: _____

Please check one of the following:

I will pick up transcript (within 48 hours)

Please mail transcripts to: _____

Must include complete address or transcript will not be mailed.

Number of copies needed: _____

Please check type needed

Official

Unofficial

Sealed

Please fax your request to 209-938-6397 or send in an email to JubyLow@musd.net

For Office Use Only

Date Printed/Mailed: _____ Initials: _____