



NORTH HIGH SCHOOL
3620 West 182nd Street, Torrance, CA 90504
nhstranscripts@tusd.org



REQUEST FOR STUDENT RECORDS

YOUR GOVERNMENT-ISSUED OR SCHOOL IDENTIFICATION IS REQUIRED TO PROCESS THIS FORM

LAST NAME FIRST NAME MIDDLE

NAME USED IN SCHOOL, if different from above: _____
LAST NAME FIRST NAME MIDDLE

CURRENT ADDRESS STREET APT.

CITY STATE ZIP

BIRTHDATE DAYTIME PHONE EMAIL

GRADUATION YEAR: _____ **-OR-** **LAST YEAR ATTENDED:** _____

LIST ANY ADULT SCHOOLS ATTENDED WITHIN TUSD: _____ LAST YEAR ATTENDED: _____

IMPORTANT: PLEASE NOTE THAT IF THE LAST SCHOOL YOU ATTENDED WAS NOT WITHIN TUSD,
THEN WE MOST LIKELY DO NOT HAVE YOUR RECORDS. PLEASE CHECK WITH THE LAST SCHOOL OR DISTRICT YOU ATTENDED.

TYPE OF REQUEST:

TRANSCRIPTS, FORMER STUDENTS FROM 2004 TO PRESENT (\$5 EACH COPY*)

Quantity: Official _____ Unofficial _____

TRANSCRIPTS, STUDENTS PRIOR TO 2004 (\$5 EACH COPY*)

Quantity: Official _____ Unofficial _____

OTHER RECORDS (\$5 FOR FIRST PAGE, \$0.25 EACH ADDITIONAL PAGE*)

PLEASE LIST THE RECORDS YOU NEED:

* WE ACCEPT CASH (EXACT CHANGE), MONEY ORDER (PAYABLE TO TUSD), OR ELECTRONIC PAYMENT AT OUR [WEBSTORE](#)

CHECK ALL THAT APPLY:

I WILL PICK UP MY RECORDS FROM THE OFFICE. (IF SOMEONE OTHER THAN YOURSELF WILL PICK UP OR
RECEIVE YOUR RECORDS, PLEASE LIST NAME: _____)

PLEASE EMAIL MY RECORDS. I UNDERSTAND THEY WILL BE UNOFFICIAL IF SENT BY EMAIL.

PLEASE MAIL MY RECORDS. I HAVE INCLUDED A STAMPED AND ADDRESSED ENVELOPE **-OR-** PAID FOR
MAILING (\$1 PER TRANSCRIPT). MY RECORDS SHOULD BE MAILED TO:

I, _____, HEREBY AUTHORIZE THE RELEASE OF MY SCHOLASTIC RECORD
AND HEREBY WAIVE ALL LIABILITY OF THE TORRANCE UNIFIED SCHOOL DISTRICT FOR RELEASING THE SAME.

SIGNATURE: _____ **DATE:** _____

* OFFICE USE ONLY *

Gov. Issue or School ID: _____ Date: _____ Amt. Pd.: _____ (Cash / M. O. / Webstore)

Released to Student / Other: _____ Date: _____