



**SOUTH HIGH SCHOOL**  
**REQUEST FOR STUDENT RECORDS**

LAST NAME	FIRST NAME	MIDDLE
CURRENT ADDRESS	STREET	APT
CITY	STATE	ZIP
BIRTHDATE	DAYTIME PHONE NO.	EMAIL
DATE / YEAR GRADUATED	WITHDRAWAL DATE / YEAR	
LIST ANY SCHOOLS ATTENDED WITHIN TUSD	LAST YEAR ATTENDED	

**NAME USED IN SCHOOL (IF DIFFERENT FROM ABOVE):** (maiden name, legal name, nickname, etc.)

LAST NAME	FIRST NAME	MIDDLE
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**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 district you attended.

**\*\* IF YOU WOULD LIKE YOUR RECORDS MAILED, YOU MUST PROVIDE A SELF-ADDRESSED, STAMPED ENVELOPE WITH YOUR REQUEST \*\***

CHECK ALL THAT APPLY:

- ☐ I WILL PICK UP MY RECORDS FROM THE OFFICE
- ☐ PLEASE MAIL RECORDS, I HAVE INCLUDED A SELF ADDRESSED STAMPED ENVELOPE AS REQUESTED
- ☐ PLEASE EMAIL RECORDS, I UNDERSTAND THEY WILL BE UNOFFICIAL IF SENT BY EMAIL. I HAVE LISTED MY ADDRESS ABOVE

NUMBER OF TRANSCRIPTS REQUESTED: \_\_\_\_\_  
**\$ 5.00 PER TRANSCRIPT**

**\*CASH OR MONEY ORDER ONLY \***

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

\_\_\_\_\_  
SIGNATURE DATE

IF SOMEONE OTHER THAN YOURSELF WILL PICK UP OR RECEIVE YOUR RECORDS PLEASE:

**\*PROVIDE A COPY OF YOUR I.D.\***

NAME OF PERSON AUTHORIZED TO PICK UP OR RECEIVE RECORDS \_\_\_\_\_

**FOR OFFICE USE ONLY**

DATE RECEIVED: \_\_\_\_\_ TO STUDENT: \_\_\_\_\_ AMT PAID: \_\_\_\_\_ (CASH OR MONEY ORDER)