



NORTH HIGH SCHOOL
REQUEST FOR STUDENT RECORDS
Online requests after 2004 to Present
 For those prior transcripts please request In Person

LAST NAME	FIRST NAME	MIDDLE
CURRENT ADDRESS	STREET	APT
CITY	STATE	ZIP
BIRTHDATE	DAYTIME PHONE NO.	EMAIL
<u>NAME USED IN SCHOOL</u> (IF DIFFERENT FROM ABOVE): (maiden name, legal name, nickname, etc...)		

LAST NAME	FIRST NAME	MIDDLE
DATE / YEAR GRADUATED	WITHDRAWAL DATE / YEAR	

LIST ANY ADULT SCHOOLS ATTENDED WITHIN TUSD	LAST YEAR ATTENDED
HAVE YOU PREVIOUSLY REQUESTED RECORDS? _____	

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.

****IF YOU WOULD LIKE YOUR RECORDS MAILED, YOU MUST PROVIDE A SELF-ADDRESSED ENVELOPE WITH YOUR REQUEST. (All ONLINE requests need 48 hours to process. Copy of Photo ID must be submitted with ONLINE 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 EMAIL ADDRESS ABOVE.

NUMBER OF TRANSCRIPTS REQUESTED: _____

Prior to 2004: \$20 FOR FIRST COPY, \$5 EACH ADDITIONAL COPY
 2004 to Present: \$5 FOR FIRST COPY, \$5 EACH ADDITIONAL COPY

CASH OR MONEY ORDER ONLY*

*Companies requesting records may submit checks
 Payable to Torrance Unified School District

LIST ANY ADDITIONAL RECORDS YOU ARE REQUESTING:

Prior to 2004: \$20 FOR INITIAL REQUEST, \$0.25/PAGE AFTER 10 PAGES - COST MAY BE DETERMINED AFTER RECORDS ARE RETRIEVED
 2004 to Present: \$0.25/PAGE - COST TO BE DETERMINED AFTER RECORDS ARE RETRIEVED

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

GOVERNMENT ISSUED
 OR SCHOOL ID: _____

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

GOVERNMENT ISSUED
 OR SCHOOL ID: _____

LIST NAME: _____

SIGNATURE: _____ DATE: _____

COMMENTS: _____

TO EVREX: _____ TO STUDENT: _____ AMT PAID: _____ (CASH OR MONEY ORDER)