



Torrance Adult School - Hamilton Center
 2606 W 182nd St., Torrance, CA 90504
 310-972-6500, ext. 8400 Phone
 310-972-9395 Fax
www.tastusd.org

**TORRANCE ADULT SCHOOL
 RECORDS REQUEST FORM**

*Please allow up to 5 business days to process records requests - this includes transcripts,
 GED Score Reports, and letters (school verification, attendance, etc.)*

STUDENT INFORMATION

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

TYPE OF REQUEST

Select Those That Apply and Complete All Fields

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

Companies Requesting Records May Submit Checks Payable to Torrance Unified School District

Transcripts (fees noted below)

2000-Present (\$5 each copy)
 Qty: Official _____ Unofficial _____

1950-1999 (\$20 initial copy; \$5 each additional copy)
 Qty: Official _____ Unofficial _____

Attendance Report (no charge)

Start Date: _____ End Date: _____

Letter from Counselor (no charge)

Reason for Letter: _____

GED Score Reports (\$5 each copy)

Year Taken: _____
 Qty: Official _____ Unofficial _____

RETRIEVAL SPECIFICATIONS

I will pick up my records. Please email my **UNOFFICIAL** records to: _____

I have included a self-addressed envelope to mail my records.

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: _____

FOR OFFICE USE ONLY

Total Fee: _____	Date Paid: _____	Comments: _____	ID Check: _____
Received On: _____	Received By: _____	Mailed On: _____	Emailed On: _____
To EVREX: _____	Comments: _____	Completed By: _____	