

NORTH HIGH SCHOOL REQUEST FOR STUDENT RECORDS

LAST NAME	FIRST NAME		MIDDLE
CURRENT ADDRESS	STREET		APT
CITY	STATE		ZIP
BIRTHDATE	DAYTIME PHO	NE NO.	EMAIL
NAME USED IN SCHOOL (IF DIFFE	ERENT FROM ABOVE)	: (maiden name, lega	al 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 RECORD	DS?		
<u>IMPORTANT</u> : Please note that if the last s records. Please check with the last schoo	-	ot within TUSD, then	we most likely do not have your
IF YOU WOULD LIKE YOUR RECORDS M YOUR REQUEST	IAILED, <u>YOU MUST PROVI</u>	DE A SELF-ADDRES	SED ENVELOPE WITH
PLEASE MAIL RECORDS, I HAVE INCLUDED A SELF ADDRESSED STAMI PLEASE EMAIL RECORDS, I UNDERSTAND THEY WILL BE UNOFFICIAL IF 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 LIST ANY ADDITIONAL RECORDS YOU ARE REQUESTING: Prior to 2004: \$20 FOR INITIAL REQUEST, \$0.25/PAGE AFTER 10 PAGES - COST 2004 to Present: \$0.25/PAGE - COST TO BE DETERMINED AFTER RECORDS ARE R		CASH OR MONEY ORDER ONLY* Companies requesting records may submit checks Payable to Torrance Unified School District AY BE DETERMINED AFTER RECORDS ARE RETRIEVED	
I, AND HEREBY WAIVE ALL LIABILITY OF TH	E TORRANCE UNIFIED SC		Y SCHOLASTIC RECORDS R RELEASING THE SAME
IF SOMEONE OTHER THAN YOURSELF WI	GC	OUR RECORDS, PLI	EASE:
COMMENTS:			
TO EVREX:	TO STUDENT:	AMT PAID:	(CASH OR MONEY ORDER)