



SOUTH HIGH SCHOOL
REQUEST FOR STUDENT RECORDS

LAST NAME FIRST NAME MIDDLE

CURRENT ADDRESS STREET APT

CITY STATE ZIP

BIRTHDATE DAYTIME PHONE NO. EMAIL

NAME USED IN SCHOOL (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****

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: _____

CASH OR MONEY ORDER ONLY*

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

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 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

LIST NAME: _____ OR SCHOOL ID: _____

SIGNATURE: _____ DATE: _____

COMMENTS: _____

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