

# REQUEST FOR TRANSCRIPT

Liberty Ranch High School

12945 Marengo Road

Galt, CA 95632

209-744-4250 ext. 6113 209-745-2601 fax

**Transcripts are official documents when signed and sealed by the School Official. They can only be released to the student when requested in writing, or a parent / guardian if the student is under 18 years of age.**

Student ID#: \_\_\_\_\_ Name on Transcript: \_\_\_\_\_

First

Middle

Last

Date of Birth: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

\_\_\_\_\_ Number of official transcripts requested

Mid Year Transcript (available in January)

\_\_\_\_\_ Number of unofficial transcript requested

Final Transcript (available in June)

I will pick up my transcript(s)

Please mail my transcript(s) to the following

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Please **Print** the name and address of where you would like your transcripts sent (use back of page if necessary); if you would like your transcript faxed please provide the fax number, name of institution and contact person:

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Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Transcripts include grades, credits and class rank. **Please be prepared to pay any outstanding fines. To expedite your request, please make sure all of your information is accurate. Allow 24 hours for processing.**

Completed by

Date