



Porterville Unified School District
Creating Opportunities: Changing Lives
600 West Grand Avenue
Porterville, California 93257
(559) 793-2400

Transcript Request Form

Name: _____
(Used in High School) First Middle Last

Birthdate _____ Graduation Date _____
(Or Member of Class of)

Email Address: _____ Graduating School _____

[] Need Official Transcript For
(Name & Address of School/College/
University/Scholarship/Business, etc.)

[] Need Unofficial Copy for Self

[] Please mail [] I will pick up in person

Phone Number _____

Date Needed By _____

Today's Date _____

Signed: _____