

# Tulare Western High School

824 West Maple Avenue  
Tulare, California 93274  
Attn: Counseling Office/ Registrar  
PH (559) 686-8751 - FAX (559) 687-7341

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## TRANSCRIPT REQUEST FORM

Transcript requests made by a school, college or university will be honored only if the request is made in writing on school letterhead (or similar form), signed by a school, college or university official, and has a telephone number that can be used to verify that it is an official request. Transcript requests from a student will be honored if the request is made in writing and we can verify the identity of the requestor (i.e. picture ID). Requests from Spouses, siblings, friends etc. will NOT be honored. Request from a parent will be honored if the request is made in writing and we can verify the identity of requestor (i.e. picture ID). \* Requests from military, police, or a business personnel for a student's records will NOT be honored without written authorization signed by the student. (reference: Education Code 7244,49076 - 490787 76243 & 776245)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone# \_\_\_\_\_

Name of High School \_\_\_\_\_ Last Year attended \_\_\_\_\_

**PICKUP:** Please indicate person's name picking transcript up. \_\_\_\_\_

Person picking up transcript must show ID and proof that they are allowed to pick transcript up.

When MAILING or FAXING transcript request, copy of picture ID must be attached.

Please check one: PICKUP  [MAILTO](#)

[MailTo:](#) \_\_\_\_\_

\*Student authorization to release transcript: \_\_\_\_\_

Student Signature

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Office Use Only:

Identification Verified: \_\_\_\_\_ Date: \_\_\_\_\_