

Request for Transcript

SHELDON HIGH SCHOOL

8333 Kingsbridge Drive
Sacramento, CA 95829
(916)681-7500, (916) 681-7505 Fax

STUDENT INFORMATION

_____	_____	_____	_____	_____
Last	First	Mi	Maiden Name (if applicable)	Student ID Number
_____			_____	
Number and Street			Date of Birth	
_____		_____		
City		State/Zip		
_____		_____		
City		Telephone		

CURRENTLY ENROLLED: _____ **Year of Graduation or Last Date of Attendance:** _____
Yes No

PLEASE CHECK ALL THAT APPLY:

Unofficial Transcript _____ Number of Copies: _____ Will Pick Up Transcript _____
Official Transcript _____ Number of Copies: _____

(OFFICIAL TRANSCRIPTS ARE \$2.00 EACH – TO BE PAID AT TIME OF REQUEST)

Mail Transcript(s) To:

Name of School:
Address 1:
Address 2:
City, State, Zip:

Name of School:
Address 1:
Address 2:
City,State,Zip:

*I hereby authorize the release of my son's/daughter's transcripts to the above named institution or organization.
(Parent signature is not required if student is 18 years of age)*

Student Signature

Date

Parent Signature

Date

Note: Allow 24 hours for processing