

Trinity Alps Unified School District

321 Victory Lane · PO Box 1227 · Weaverville, CA · 96093

<http://www.tausd.org>

TRANSCRIPT REQUEST

Return to:

Trinity Alps Unified School District

Attention: Registrar

P.O. Box 1060

Weaverville, CA 96093

Phone: (530) 623-6127

FAX: (530) 623-3593

Choose One: Trinity High School _____

Alps View High School _____

Trinity Adult School _____

Name (please print) _____
(Last) (First) (Middle)

Present address _____

Present telephone () _____ E-mail address _____

Date of birth _____ Social Security number _____

Are you currently registered at TAUSD _____ If not, date of graduation or date last attended _____

Your name as enrolled at TAUSD: _____
(Please print)

Please check one of the following:

- I will pick up my transcript
- Send my transcript to my present address listed above
- Send my transcript(s) to the following address(es):

(1) _____ (2) _____

Describe use of transcript: College Employment Personal Other _____

Please check one: Process as soon as possible Hold for current semester grades Hold for graduation date
(These will be processed approx. two weeks after end of semester or graduation)

I hereby authorize release of my transcripts as stated above.

Student signature (required) _____ Date _____

If student is under 18 years of age, parent/guardian signature _____

Office use: Date sent _____ Name _____

TRANSCRIPT RETRIEVAL INFORMATION

The information on high school transcripts is confidential and protected by federal law. For this reason we must have your permission in writing with your signature to release your records.

You may come in person and fill out a form or request a form be mailed or Faxed to you. You may FAX back the form or mail it to the address on the reverse side of this form..
