

# Trinity Wolves



Trinity High School Counseling Center · 321 Victory Lane · PO Box 1060 · Weaverville, CA · 96093  
Phone (530) 623-6127 · Fax (530) 623-3593  
www.trinitywolves.org



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## TRANSCRIPT REQUEST

Return to:

**Trinity High School, Attention: Registrar**  
**P.O. Box 1060**  
**Weaverville, CA 96093**  
**Phone: (530) 623-6127**  
**FAX: (530) 623-3593**

Name (please print) \_\_\_\_\_  
(Last) (First) (Middle)

Present address \_\_\_\_\_  
\_\_\_\_\_

Present telephone ( ) \_\_\_\_\_ E-mail address \_\_\_\_\_

Date of birth \_\_\_\_\_ Social Security number \_\_\_\_\_

Are you currently registered at Trinity High School? \_\_\_\_\_ If not, date of graduation or date last attended \_\_\_\_\_

Your name as enrolled at Trinity High School \_\_\_\_\_  
(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 \_\_\_\_\_

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## **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..

