

Request for Transcript/Records

Galt High School

Registrar's Office
145 N. Lincoln Way
Galt, CA 95632

Ph# (209) 744--5451 Fax # (209) 745-3936

OFFICE USE ONLY

{ } Verified ID: _____
{ } Date Received: _____
{ } Date Sent: _____
{ } Date Picked Up: _____

***Picked up by _____

STUDENT INFORMATION

(Print Name) Last First MI DOB Maiden Name (If applicable) Student ID #

Address City State/Zip Telephone #

CURRENTLY ENROLLED: YES NO **Year of Graduation:** _____ or **Last Date Attended GHS:** _____

PLEASE CHECK ALL THAT APPLY:

Unofficial Transcript <input type="checkbox"/> Number of Copies: _____	Other Records: _____ _____ (You must allow up to 5 business days for records to be ready)
Official Transcript <input type="checkbox"/> Number of Copies: _____	

<input type="checkbox"/> Mail Transcript(s) To: <i>(Complete name & address)</i>

<input type="checkbox"/> I give permission for _____ to pick up my transcript.
<input type="checkbox"/> I will pick up my transcript personally.
<i>(check one to receive notification when transcript is ready)</i>
<input type="checkbox"/> Email _____
<input type="checkbox"/> Ph# _____
<u>(For current students ONLY)</u>
CHECK ONE:
Mid-Year Transcript (available in mid-Jan) _____
Final Transcript (available in mid-June) _____

Transcripts are official documents when signed and sealed by the School Official. They can only be released to the student when requested in writing, or a parent /guardian if the student is under 18 years of age. A transcript includes grades, credits and indicates if satisfied the CAHSEE requirement. Please be prepared to pay outstanding fines.

I hereby authorize the release of my transcript to the above named institution or organization.

Student Signature (Parent Signature if under 18yrs of age)

Date

Note: Allow 24-48 hours for Transcripts to be processed.