

# Request for Transcript

## 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"/> <b>Mail Transcript(s) To:</b> <i>(Complete name &amp; address)</i>

<input type="checkbox"/> I give permission for _____ to pick up my transcript.
<input type="checkbox"/> <b>I will pick up my transcript personally.</b>
<i>(check one to receive notification when transcript is ready)</i>
<input type="checkbox"/> Email _____
<input type="checkbox"/> Ph# _____
<b><u>(For current students ONLY)</u></b>
<b>CHECK ONE:</b>
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 uner 18yrs of age)

\_\_\_\_\_  
**Date**

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