

West Ranch High School
REQUEST FOR TRANSCRIPT—FORMER STUDENTS

Date of request: _____ Student # _____

Student Name: _____
Last (maiden) First Middle

Current address: _____

City _____ State _____ Zip _____

Cell/phone # _____ Birthdate _____

Last year of attendance _____ Graduated? yes no

of transcripts needed _____ I will pick up Please mail

Include College Board Scores Do not include College Board Scores

Send to: (*please note: we do not mail to home addresses*)

Name _____

Address: _____

City: _____ State: _____ Zip _____

Legal signature authorizing release of records _____

- \$3.00 each (cash or money order only) Transcripts free for one year following graduation.
- Please include copy of photo ID when requesting transcripts.
- Only the former student may request their transcripts.

Mail completed form, copy of ID and payment to: West Ranch High School
Registrar's Office
26255 W Valencia Blvd
Stevenson Ranch, CA 91381

****Fax** form & copy of ID to 661-290-2903

****Scan and email** form & copy of ID to mwalsh@hartdistrict.org

****Payment** may be mailed in or indicate who will make payment and/or pick up your request

Name: _____

FOR OFFICE USE ONLY

Fee: _____ PAID: CASH MONEY ORDER Date Completed: _____