



**TORRANCE HIGH SCHOOL
REQUEST FOR STUDENT RECORDS**

STUDENT NAME: _____
LAST FIRST MIDDLE

CURRENT ADDRESS: _____ APT: _____

CITY STATE ZIP

BIRTHDATE: _____ **DAYTIME PHONE.:** _____

EMAIL: _____

NAME USED IN SCHOOL (IF DIFFERENT FROM ABOVE): _____
LAST FIRST MIDDLE

LAST YEAR ATTENDED/GRADUATED: _____

- GRADUATE
- WITHDRAWAL

Please note that if the last school you attended was not within TUSD, then we most likely do not have your records. Please check with the last school or district you last attended

COPIES WILL BE: (PLEASE CHECK ONE)

- MAILED **PLEASE INCLUDE A SELF-ADDRESSED, SELF STAMPED ENVELOPE WITH YOUR REQUEST**
- E-MAILED **PLEASE PROVIDE E-MAIL:** _____
- PICKED UP

NUMBER OF TRANSCRIPTS REQUESTED: _____

COST FOR RECORDS:

GRAD YEARS 2003 and BEFORE: \$20 FOR FIRST COPY, \$5 EACH ADDITIONAL COPY, Cash or money order only.

GRAD YEARS 2004 to Present: \$5 FOR FIRST COPY, \$5 EACH ADDITIONAL COPY, Cash or money order only.

CASH OR MONEY ORDER ONLY
NO PERSONAL CHECKS*
 *Companies requesting records may submit checks payable to
 Torrance Unified School District

LIST ANY ADDITIONAL RECORDS YOU ARE REQUESTING:

\$20 FOR INITIAL REQUEST, \$0.25/PAGE AFTER 10 PAGES - COST MAY BE DETERMINED AFTER RECORDS ARE RETRIEVED

I, (PRINT NAME) _____, HEREBY AUTHORIZE THE RELEASE OF MY SCHOLASTIC RECORDS AND HEREBY WAIVE ALL LIABILITY OF THE TORRANCE UNIFIED SCHOOL DISTRICT FOR RELEASING THE SAME. IF SOMEONE OTHER THAN YOURSELF WILL PICK UP OR RECEIVE YOUR RECORDS, PLEASE LIST NAME BEFORE SIGNING BELOW.: LIST NAME OF AUTHORIZED 3rd PARTY HERE: _____



SIGNATURE: _____ **DATE:** _____

COMMENTS: _____

TO EVREX: _____ **TO STUDENT:** _____ **AMT PAID:** _____ (CASH OR MONEY ORDER)

PLEASE MAIL YOUR PAYMENT WITH THIS FORM AND A COPY OF YOUR PHOTO ID TO:

TORRANCE HIGH SCHOOL ATTN: RECORDS
2200 W CARSON STREET
TORRANCE, CA 90501

* If you would like your records mailed, you must include a self-addressed, self-stamped envelope.