



## Modesto City School Transcripts Request

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Maiden Name

\_\_\_\_\_  
High School Name

\_\_\_\_\_  
Date of Birth mm/dd/yyyy

\_\_\_\_\_  
Phone Number

Official Document Requested:

- ☐ Official /Sealed  
☐ Unofficial

Did you Graduate:

- ☐ Yes / Year of Graduation \_\_\_\_\_  
☐ No

Requested document to be:

☐ Mailed:

☐ Pick up

☐ Fax: \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City      State      Zip Code

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\* I authorize Modesto city school to release select your documents to the address listed above I understand that these documents can contain identifying information, grades, class standing and test data.

\* Due to the volume of request that document will be processed within 5 working days. If your records are unable to retrieve you will be contacted by phone or mail.

\* This request will only be processes if all information is filled out and a photocopy of your ID attached.

For Office Use Only

Date Received \_\_\_\_\_

Date Completed \_\_\_\_\_