

**OFFICIAL TRANSCRIPT REQUEST FORM**

FLORIN HIGH SCHOOL  
7956 COTTONWOOD LANE  
SACRAMENTO, CA 95630  
(916) 689-8600, FAX (916) 681-7569

Today's Date \_\_\_\_\_

FHS Graduation Year \_\_\_\_\_

If non-grad, Year attended \_\_\_\_\_

**1. NAME – PLEASE PRINT CLEARLY**

\_\_\_\_\_  
Last First Middle

**2. OTHER NAMES USED:**

\_\_\_\_\_

**3. CURRENT MAILING ADDRESS & PHONE NUMBER**

\_\_\_\_\_  
Number & Street Apt. No

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

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Area Code Phone Number E-Mail address

**4. STUDENT ID NUMBER**

\_\_\_\_\_

**5. BIRTHDATE**

\_\_\_\_\_  
Month Day Year

**6. STUDENT SIGNATURE**

\_\_\_\_\_  
Signature Authorizes Release of Student Records if 18 year's of age

**7. PARENT SIGNATURE**

\_\_\_\_\_  
Parent signature authorization

**8. NUMBER OF TRANSCRIPTS REQUESTED**

Regular Service (\*5 – 15 working days)

RUSH Service (\*2-3 working days)

**\*This indicates processing time only. It does not include USPS mailing time. Transcripts are available for pickup in our office to eliminate mailing time.**

AMOUNT DUE: \$ \_\_\_\_\_ (See back page for Transcript Fee Schedule)

10.  **PICK UP** (Photo ID Required)

**MAIL TO:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The address must be correct and include who it is going to, city, state, zip code... PLEASE PRINT CLEARLY**

11.  **SPECIAL INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_

For Official Use Only: \_\_\_\_\_