

# Request for Transcript

## LAS FLORES HIGH SCHOOL

5900 Bamford Drive

Sacramento, CA 95823

Phone (916)422-5604, Fax (916) 428-8307

### STUDENT INFORMATION

_____ Last	_____ First	_____ Mi	_____ Maiden Name (if applicable)	_____ Student ID Number
_____ Number and Street			_____ Date of Birth	
_____ City		_____ State/Zip		_____ Telephone

**CURRENTLY ENROLLED:** \_\_\_\_\_  
Yes                      No

**Year of Graduation or Last Date of Attendance:**  
\_\_\_\_\_

**PLEASE CHECK ALL THAT APPLY:**

Unofficial Transcript \_\_\_\_\_ Number of Copies: \_\_\_\_\_ Will Pick Up Transcript \_\_\_\_\_  
Official Transcript \_\_\_\_\_ Number of Copies: \_\_\_\_\_

**Mail Transcript(s) To:**

Name of School:
Address 1:
Address 2:
City, State, Zip:

Name of School:
Address 1:
Address 2:
City,State,Zip:

*I hereby authorize the release of my son's/daughter's transcripts to the above named institution or organization.  
(Parent signature is not required if student is 18 years of age)*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Note: Allow 24 hours for processing**