

Twin Rivers Unified School District  
Student Services Department

REQUEST FOR EDUCATION RECORDS

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Date: \_\_\_\_\_

Student: \_\_\_\_\_  
Name on Record

Birthday: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

School of Attendance: \_\_\_\_\_

Year attended: \_\_\_\_\_

\_\_\_\_\_ I hereby request a copy of my high school transcript

\_\_\_\_\_ I also request a sealed/official copy of my transcript

\_\_\_\_\_ I am the legal guardian and hereby request a copy of grades/transcript for the above student.

\_\_\_\_\_  
Signature of Parent/Guardian or Student if 16 years or older