



Summerville Union High School District
17555 Tuolumne Road, Tuolumne, CA 95379
(209) 928-4228 * FAX (209) 928-1422

REQUEST FOR TRANSCRIPTS

If transcripts are to be sent to a college, please include name and address of college below. Transcripts will NOT be mailed to a college without this information.

Please allow 1-3 days for transcripts to be completed.

Date of Request _____

Current Student Name _____ **DOB** _____ **SS#** _____
(DOB and/or SS# required for ID purposes)

Other Names used in School (i.e., maiden name) _____

Contact Phone Number for Student (with area code) _____

Last School Attended:

Summerville High Connections Academy Tuolumne High South Fork High

Mountain High Independent Study Long Barn High Cold Springs High

I am a former student Graduation Date: _____ Date last attended _____

I am a current student

Transcript is to be: Faxed to _____ Transcript will be picked up by _____

Mailed to _____

Student Signature _____ *Requires student's actual signature*

FAX or send signed Transcript Request to:

Summerville High School
Attention: Registrar
17555 Tuolumne Road
Tuolumne, CA 95379
FAX (209) 928-1422