

REDLANDS HIGH SCHOOL – RECORDS OFFICE

840 East Citrus Avenue, Redlands, CA 92374 (909) 307-5500 Ext. 30170 Email: teri_pantaleo@redlands.k12.ca.us

Note: Please be advised that requests may take up to 5 business days for processing and transcripts will be withheld for charges or fees owed according to Education Code 48904.

TRANSCRIPT REQUEST FORM FOR CURRENT STUDENTS

STUDENT INFORMATION: (Please Print)

Name: _____ Birthdate: _____

Phone Number: _____ Email: _____

Grade: _____ Graduation Year: _____ if Non-Grad, Last Year Attended: _____

Quantity: _____ FORM OF DELIVERY:

I will pick up (current photo ID required)

Please mail to:

1) College/Institute/University/Home: _____

Attention: _____

Street Address/PO Box City State Zip Code

2) College/Institute/University: _____

Attention: _____

Street Address/PO Box City State Zip Code

3) College/Institute/University: _____

Attention: _____

Street Address/PO Box City State Zip Code

4) College/Institute/University: _____

Attention: _____

Street Address/PO Box City State Zip Code

*****Please note OFFICIAL copies are sealed in an envelope, and once opened they are unofficial*****

IMPORTANT – DO NOT FAX OR EMAIL THIS FORM AS IT WILL NOT BE PROCESSED

- Submit in person at the South Campus Information Desk (7:00 AM – 4:00 PM)
- Payment in the amount of \$1.00 per transcript request

RECORDS OFFICE USE ONLY

Date: _____ Paid: _____ Initials: _____