

VALLEY HIGH SCHOOL

Home of the Vikings

TRANSCRIPT REQUEST FORM

NAME: _____

MAIDEN NAME (If Any): _____

DATE OF BIRTH: _____

PHONE NUMBER: _____ and/or EMAIL: _____

YEAR OF GRADUATION: _____ OR LAST ATTENDED: _____

I acknowledge that the above information is correct and hereby authorize Valley High School's Registrar's office to release to myself or release/mail to the following name persons or institution:

SEND TO: _____

Use reverse side for additional addresses.

SIGNATURE: _____ DATE: _____

Unofficial Copy Quantity _____

Official Copy Quantity _____

Please include the amount of \$2.00 for each copy in a form of a **MONEY ORDER ONLY**.
NO CASH or CHECKS are accepted.

Enclose a copy of your **Photo ID**

MAIL TO: Valley High School
Attn: Registrar
6300 EHRHARDT AVE,
SACRAMENTO, CA 95823

School records may not be released to a parent/guardian of students 18 years or older without the student's written consent as mandated by the Family Education Rights and Privacy Act (FERPA).