



Stockton School for Adults

1525 Pacific Avenue
Stockton, CA 95204
Phone: (209) 933-7455
Fax: (209) 464-4917

OFFICIAL TRANSCRIPT REQUEST

TO: LAST HIGH SCHOOL ATTENDED (Please print clearly)

School Name: _____

Attention: **Registrar/Records** _____

City _____ State _____

Telephone (_____) _____ Fax (_____) _____

Last Calendar Year Attended: _____ (example: 1998)

The person below has applied for enrollment at Stockton School for Adults.

- Please **fax and mail** an official copy of this student's **high school transcript**.
- Individualized Educational Program (IEP) *if applicable*.
- **Please do not send cumulative records.**

STUDENT INFORMATION

Name (Current): (please print clearly)

Last Name First Name Middle

Name while attending (*if different from current name*):

Last Name First Name Middle

Date of Birth (MM/DD/YYYY) Last Year Attended (YYYY) Phone number (_____) _____

I give my permission to have my transcript and other pertinent information sent to Stockton School for Adults.

Student Signature Date

OFFICE USE:

Processed by: _____ Date sent: _____ Transcript received _____
