



1045 Bethel Avenue, Sanger, California 93657-2985 Phone (559) 524-7775 Fax: (559) 875-1820

Nancy Penny: Principal Matthew J. Navo: Superintendent Sanger Unified School District

Transcript Request Form

The following information must be filled out completely to process your transcript request. A high school transcript is a confidential legal document and will only be sent to the individual whose name appears on the transcript. Allow 7 to 10 days to process the request. There is no processing fee.

Graduate Year of Graduation: _____

Non-graduate Last year attended: _____
Projected Graduation Year: _____

Last name(s) used while attending Sanger Adult School (i.e., maiden name, mother's maiden name, two last names "Jones-Gonzales," etc.). Please list all AKA's:

First name in High School: _____

Middle name: _____ DOB: _____

Number of copies requested: _____ Official Copy _____ Unofficial Copy

Name & address to mail transcripts to:

Phone Number: () _____

Purpose of Request: _____

Consent is given to: _____ to pick up my transcript.

The above information is correct and I give my consent to have my transcript sent to the above address.

Signature

Date

Mail request to:
Sanger Adult School
1045 Bethel Avenue
Sanger, CA 93657

OR

Fax request to:
Sanger Adult School
Fax: (559) 875-1820

Any questions please contact Sanger Adult School at (559) 524-7775. Thank you.