

Please fax or mail this form to:

Roseville High School
#1 Tiger Way
Roseville, CA 95678
916-782-3753 (phone)
916-786-3846 (fax)

REQUEST FOR TRANSCRIPT

Date: _____

Last Name	First	Middle	Other Names Used
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Date of Birth _____ Phone # _____

Date of Graduation _____ OR Date Withdrawn _____

SEND TRANSCRIPT TO: _____

Official _____

Unofficial _____

MUST BE SIGNED: _____

For Questions contact Diane Taylor, 916-782-3753 x3452,
Or e-mail: dtaylor@rjuhsd.k12.ca.us