REQUEST FOR TRANSCRIPTS

Templeton Unified School District Official Transcript Fee \$5.00 (Current Students, No Fee) FIVE DAYS NOTICE REQUIRED

Online fillable form available **HERE**

Date of Requ	est:	
Student Name:		Maiden/Previous Name:
Phone Number:		Date of Birth:
School of Gr	aduation/Last School Atten	ided:
☐ Templeton High School		☐ Eagle Canyon High School
☐ Templeton Independent High School		Adult Education High School
Graduate?	Yes No	Graduation Year or Last Year Attended:
☐ Official Transcript OR ☐ Unofficial Transcript		
Pick up		Send to email or fax number:nstitution:
ADDRESS REQUIRED (If being Mailed)	Street Address:	
	Apartment Number	:
	City and Zip Code:	
Student/Grad	luate Signature:	
Templeton High School 805-434-0743 Attn: Transcripts Attn: Transcrip 1200 S. Main Street		quest and mail fee to THS: