South Tahoe High School Transcript Request Form

	(for current	i 31H3 students only	y)
Student Name:		Today's Date:	
Student Date of Birth:	:	Student ID #:	
Student Phone	#:	Student Email:	
☐ Mid-Year	•	•	corded)
Needed for: College Scholars Employm Other	·		
Number of Trans Official: Unofficial	·		
Select One: Pick up a Mailing re Email: Fax (Pro	equested vide fax number, name of institu	,	
1	Mail transcript(s) to: Name of S		ity, State, Zip Code
FOR OFFICE USE ONLY			
Date Mailed:		Initials:	