

Porterville Unified School District  
600 West Grand Avenue  
Porterville, CA 93257  
(559) 793-2400

Transcript Request Form

Name: \_\_\_\_\_  
(Used in High School)    First                      Middle                      Last

Birthdate: \_\_\_\_\_                      Graduation Date: \_\_\_\_\_

Signature : \_\_\_\_\_                      Phone: \_\_\_\_\_

Date Requested: \_\_\_\_\_

Print Transcript **without STAR** test scores

Need Official Transcript For:

Name & Address of School/College, University /Scholarship/Business, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please mail

I will pick up