

# TRANSCRIPT REQUESTS

TRANSCRIPT REQUESTS ARE DONE  
ONLINE AND PROCESSED THROUGH  
PARCHMENT

**SCAN THE QR CODE BELOW TO BE TAKEN TO THE  
GRANT PARCHMENT STOREFRONT WHERE YOU  
CAN CREATE YOUR FREE LEARNER ACCOUNT AND  
ORDER YOUR CREDENTIALS SECURELY.**

- ***OFFICIAL TRANSCRIPTS*** (EMAILED COPIES  
SENT SCHOOL TO SCHOOL VIA PARCHMENT ARE  
ACCEPTED AS OFFICIAL!)
- ***GRADUATION VERIFICATIONS***
- ***EDUCATION VERIFICATIONS*** FOR  
EMPLOYERS



Scan the QR code to  
order your Grant High  
School transcript!



Grant High School | Twin Rivers Unified School District  
| Office of The Registrar

1400 Grand Ave | Sacramento, CA 95838  
Phone (916) 566-3450 | Fax (916) 566-3501

## Request for Transcripts

Name of Individual Making  
Request: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail  
address: \_\_\_\_\_

To confirm identity, I have attached one of the items listed below:

Signed release from the former student (if requesting for someone else)

B Picture Identification (if requesting for yourself)

Driver's License

Other

(specify):

**YOU MUST INCLUDE PROOF OF IDENTITY OR SIGNED AUTHORIZATION OF RELEASE FROM THE STUDENT. PLEASE ENSURE THE COPY IS CLEAR AND LEGIBLE. ILLEGIBLE COPIES WILL DELAY PROCESSING OF YOUR REQUEST. ORIGINALS WILL NOT BE RETURNED.**

### Student Information

Name (while enrolled at GHS):			
Date of Birth:		Month & Year of Graduation:	
Years of attendance at GHS <b>IF DIS-ENROLLED OR TRANSFERRED:</b>			
Current Name (if different):			
Reason for Name Change (if applicable):			

\_\_\_\_\_  
Signature Date Requested

**PLEASE SEND TO:** Number of Official copies: \_\_\_\_\_ Number of Unofficial Copies: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address, City,  
State, Zip Code: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Business or School E-mail address \_\_\_\_\_

**PLEASE VERIFY THE CONTACT INFORMATION IS CORRECT BEFORE SUBMITTING THE REQUEST.**