

# TRANSCRIPT REQUEST FORM

Fill out this form completely to request transcript(s). When you have finished, please mail, fax, or deliverer the form plus processing fee to the TTHS Registrar.

A fee of **\$5.00 for the first transcript and \$1.00 for each additional transcript** at time of request is required **in** order to process this request. Please mail the check or money order made payable to "Truckee Tahoe High School"

Truckee High School  
Attn: Registrar  
11725 Donner Pass Road  
Truckee, CA 96161

Please allow **two week** for your request to be filled. Faxed requests will not be completed until payment is received.

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

Name used while attending TTHS (if different from above): \_\_\_\_\_

Birth Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(month) (day) (year)

Graduation Year or Last Year in School at TTHS: \_\_\_\_\_

Mail or fax transcripts to the following address(es):

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please use a separate page if necessary for more addresses.

Any special instructions?: \_\_\_\_\_

Any questions or concerns, please contact [tthscounseling@ttusd.org](mailto:tthscounseling@ttusd.org)