REQUEST FOR SHERMAN INDIAN HIGH SCHOOL TRANSCRIPTS

Date: _____ Graduation year: _____ SSN: _____-_____-_____ DOB: _____

NAME: _____(at the time of graduation)
(Last) (First)

Please prepare the following:

_____ Unofficial Transcripts

_____ Official Transcripts
(With the seal, signature and in a sealed envelope)

Include the following (recent graduates)

____ SAT/ACT Scores
____ Verification of Indian Blood
____ Birth Certificates
____ Physicals
____ Immunization Records
____ Other: _____

_____ Fax to: _____ (unofficial only)
_____ Mail directly to: _____

*Special Instructions or information *

Fax or mail request to:

PAULA MIGAIOLO, REGISTRAR
9010 Magnolia Avenue
Riverside, California 92503
Fax: 951-276-6055
Telephone: 951-276-6326 Extension 382

Thank you,

_____ (_____)_____-_____
Student signature Student contact number

FOR REGISTRAR USE ONLY:

____ Mailed on:
____ Delivered on:
Received by: _____