

TRANSCRIPT REQUEST

Carson High School
Guidance Office
PO Box 603
Carson City, NV 89702

PH: 775-283-1915
FAX: 775-283-1791

Current Name: _____

Graduation Name (if different from above): _____

Year of Graduation: _____ OR Last Year of Attendance: _____

Date of Birth: _____ Telephone Number: _____

***** (A copy of your picture ID must be included with this request) *****

Please send a copy of my transcript to:

College/University or Individual's Name

Attention

Mailing Address

City State Zip Code

OR Fax to: _____

I hereby authorize the release of my records to the address/fax number printed above.

Signature

Date

THIS FORM CAN BE FAXED TO CARSON HIGH SCHOOL OR EMAILED TO:

lgarrett@carson.k12.nv.us or gromero@carson.k12.nv.us