

REQUEST FOR SHERMAN INDIAN HIGH SCHOOL TRANSCRIPTS

Date: _____

Graduation year: _____

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:

Dayna Alderman, REGISTRAR

9010 Magnolia Avenue

Riverside, California 92503

Fax: 951-276-6055

Telephone: 951-276-6326 Extension 382

Thank you,

Student signature & contact number

FOR REGISTRAR USE ONLY:

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