



Official Transcript Request Form

(Incoming Freshman Only)

Please complete the top portion of the form including Parent Authorization for Release of Records. Give this form to the appropriate person (registrar, secretary, teacher or principal) at the current junior high school. This form is due to the Main Office by January 31, 2012

Garces Memorial High School
 2800 Loma Linda Drive
 Bakersfield, CA 93305
 661.327.2578 * FAX 661.327.5427
 www.garces.org

Authorization for Release

Student _____ Date _____
Last Name First Name Middle Name

Parent/Guardian _____ Phone _____
Last Name First Name

Name of Current School _____ Phone _____

Address of School _____
Street Address City State Zip

Parent Authorization for Release of Records and Recommendations

The undersigned hereby consents to release all education records about the above-named student, including recommendations and other such information as may be requested, to Garces Memorial High School.

 Signature of Parent or Guardian Print Name Date

Transcript Record

Subject	GRADE 6 (if available)		GRADE 7		GRADE 8
	1st Sem.	2nd Sem.	1st Sem.	2nd Sem.	1st Sem.
English					
Literature					
Social Studies					
Science					
Foreign Language					
Mathematics					

Full year of Algebra? Check One: _____ Grade 7 _____ Grade 8 *8th Grade GPA* _____

Conduct _____

Test Scores - Please attach a copy of standardized test scores - Star, Iowa or SAT 10

Grade Level	Test Date	Test Name	Measures	Scores
			Reading	
			Mathematics	
			Composite/Total Battery	

Please include any other information that will help us evaluate this student's academic ability or interpret test scores:

 Signature of School Official Print Name Title Date