



SIERRA SANDS Unified School District

TRANSCRIPT REQUEST

Sierra Sands Adult School

Mesquite Continuation High School

Please mail/fax my transcript to:

Name of School/Business: _____

Address: _____

Phone Number _____ Fax Number _____

Person or Department _____

Student Legal Name _____

Legal Maiden Name _____

Any Other Name You **Might** Have Used _____

Date of Birth _____ Email Address _____

Phone # _____ Second Phone # _____

Last Date of Attendance _____ Date of Request _____

Signature

Affix current ID in this space if you are faxing or scanning the request. ID must show legal name and date of birth

Sierra Sands Adult School: FAX: 760-499-1815 or mparks@ssusd.org

Mesquite Continuation High School: FAX 760-499-1812 or mcastillo@ssusd.org