

REQUEST FOR SHERMAN INDIAN HIGH SCHOOL TRANSCRIPT

DATE: _____ GRADUATION YEAR: _____ DOB: _____

NAME: _____
(LAST--at the time of graduation) (FIRST)

PLEASE PREPARE THE FOLLOWING:

_____ **UNOFFICAL TRANSCRIPTS**

_____ **OFFICAL TRANSCRIPTS**
(With the SEAL, Registrar's Signature, and in a SEALED Envelope)

INCLUDE THE FOLLOWING:

_____ Certification of Indian Blood (CIB)

_____ Immunizations Records

_____ Other: _____

_____ **Give to me**

_____ **email to:** _____

_____ **Mail Directly**

College/University/Organization (full address) Or Home Address

City

State

Zip Code

SPECIAL INSTRUCTIONS OR INFORMATION

MAIL REQUEST TO:

Sherman Indian High School, Registrar

9010 Magnolia Avenue

Riverside, California 92503

Telephone: (951) 281-3003

Or Scan and email to Dayna.Alderman@bie.edu

Thank You,

STUDENT SIGNATURE

CONTACT NUMBER

Email: _____

FOR REGISTRAR USE ONLY:

_____ MAILED ON:

_____ DELIVERED ON:

_____ FAXED ON:

_____ RECEIVED BY: _____