

HIGH SCHOOL TRANSCRIPT REQUEST FORM

Name: _____ **Date Requested:** _____

Please include a \$1.00 processing fee for every copy (including personal).

[] Check here if you would like a **personal copy**. Date Given

1. School Name _____
Address _____
_____ Date Sent

2. School Name _____
Address _____
_____ Date Sent

3. School Name _____
Address _____
_____ Date Sent

4. School Name _____
Address _____
_____ Date Sent

Turn into the Registrar: (1) at the high school office; (2) through mail at 1030 Linda Mar Blvd., Pacifica, CA 94044; or (3) fax to (650) 355-3488, attention Registrar