



**Santa Cruz High School**

Counseling Office

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**Transcript Request Form**

Complete this form and send it to the Registrar via mail, fax or email.

Please allow 24-48 hours to process your request.

<b>(Maiden Name)/Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Date of Birth</b>
			/ /
<b>Graduation year or last year attended</b>	<b>Phone Number</b>	<b>Email Address</b>	
	( ) -		
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>I request that my Transcript be:</b>		<b>Transcript Fees:</b>	
<input type="checkbox"/> Mailed to the address below: <hr/> <hr/> <hr/>		First Two ..... Free (after Graduation or last year attended) Each Additional ..... \$5.00  <b>Former Students:</b> If you have outstanding school fees or if a fee applies to this request, you will be contacted to submit payment before processing your order.	
<input type="checkbox"/> Released to the person below: (include phone number) (Photo I.D. required to be picked up in person) <hr/>		<b>FOR OFFICE USE ONLY</b>	
<input type="checkbox"/> Other: (Please specify below) <hr/>		<b>RECEIVED ON</b>	/ /
		<b>AMOUNT PAID</b>	
		<b>CASH/CHECK/M.O.</b>	
<b>Signature</b>	<b>Date</b>	<b>SENT ON</b>	/ /
	/ /	<b>INITIALS</b>	