



Santa Cruz High School

Counseling Office

Jacqui Adler, *Registrar*

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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.

(Maiden Name)/Last Name	First Name	Middle Name	Date of Birth / /
Graduation year or last year attended	Phone Number () -	Email Address	
Address	City	State	Zip Code
I request that my Transcript be:		Transcript Fees:	
<input type="checkbox"/> Mailed to the address below: <hr/> <hr/> <hr/>		First Two Free (after Graduation or last year attended) Each Additional \$5.00 Former Students: 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/>		FOR OFFICE USE ONLY	
<input type="checkbox"/> Other: (Please specify below) <hr/>		RECEIVED ON	/ /
		AMOUNT PAID	
		CASH/CHECK/M.O.	
Signature	Date	SENT ON	/ /
	/ /	INITIALS	