



TRANSCRIPT REQUEST FORM

PLEASE ALLOW 3-5 DAYS FOR PROCESSING

Person Requesting Transcript _____ Today's Date _____

Student's Name _____ Date of Birth _____

Current Student Grade Level 9 10 11 12 OR

Graduation Year _____ or Year Withdrawn _____

NOTE: Any requests for transcripts prior to 2005, must be requested through our District Office. Contact Student Records at (310) 378-9966 x412.

Number of Official Transcripts at \$8.00 each _____ # Unofficial at \$5.00 ea _____
Total Cost \$ _____ (for personal reference)
Total Cost \$ _____

Payment submitted to the STUDENT STORE* by cash/check, payable to PVHS

*Payments should be made to Counseling Office during summer.

Name _____ Date _____

TO HAVE TRANSCRIPTS MAILED: Student MUST supply a business size envelope with 2 US postal stamps. Return address must be Palos Verdes High School, 600 Cloyd Road, Palos Verdes Estates, CA 90274. Address envelope with the complete name of the College/University, address and department.