



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.

| Last Name | | First Name | Middle Name | Date of Birth |
|--|---|------------|--|---------------|
| | | | | / / |
| Graduation year or last year attended | Name Used While Attending SCHS (if different) | | Phone Number | |
| | | | () - | |
| I am requesting an: | | | Official vs. Unofficial Transcripts | |
| <input type="checkbox"/> Official transcript be mailed to the address below: <hr/> <hr/> <hr/> | | | <ul style="list-style-type: none"> Official transcripts are signed and sealed in an envelope. They must be either mailed through the US Mail or picked up. Most colleges will not accept official transcripts via email. Unofficial transcripts are for informational purposes only and are not signed. They can be emailed to an individual. Please note, we cannot email official transcripts to an individual. | |
| <input type="checkbox"/> Official transcript available for pick up at the SCHS Counseling Office between the hours of 8-3:30. Note: If you wish it to be picked up by someone else, list the name below. (Include phone number. Photo I.D. required to be picked up in person) Name: _____ Phone Number: _____ | | | | |
| <input type="checkbox"/> Unofficial transcript emailed to the email address below: <hr/> | | | Transcript Fees: First Two Free (after Graduation or last year attended) Each Additional \$5.00 | |
| <input type="checkbox"/> Other: (Please specify below) <hr/> | | | | |
| Signature | | Date | FOR OFFICE USE ONLY | |
| | | / / | RECEIVED ON | / / |
| | | | AMOUNT PAID | |
| | | | CASH/CHECK/M.O. | |
| | | | SENT ON | / / |
| | | | INITIALS | |