



TRANSCRIPT REQUEST FORM

The following information must be filled out completely in order to receive your transcript. A high school transcript is a confidential, legal document and will only be sent to the individual whose name appears on the transcript. Allow 7 to 10 days to process the request. There is no processing fee.

Year of Graduation: _____

School You Graduated From: _____

Last Name in High School (ex. maiden name): _____

First Name in High School: _____

Number of copies requested: _____

Name and address to send transcripts to:

Phone number: () _____

Consent is given to: _____ to pick up my transcript.

The above information is correct and I give my consent to have my transcript sent to the above address.

Signature

Date

SEND REQUEST BY MAIL TO:

*Margaret Saldate
c/o Sanger Adult School
1045 Bethel Avenue
Sanger, CA 93657
Phone #: 559-875-4235*

OR

SEND REQUEST BY FAX TO:

*Margaret Saldate
c/o Sanger Adult School
Fax #: 559-875-1820*