

# SAN LUIS OBISPO HIGH SCHOOL TRANSCRIPT REQUEST FORM

## CURRENT Students Fee:

- \$1.00 per copy – Please allow *up to* 3 working days to process.
- \$2.00 per FAXED copy – faxed within 1 working day.

## FORMER Students Fee:

- \$5.00 per copy

Please return this completed form along with the appropriate fee to the Registrar's window located in the Counseling Office or you may mail your request to:

Records Office  
San Luis Obispo High School  
1499 San Luis Drive  
San Luis Obispo, CA 93401

Today's Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please direct any questions to Alicia Wright/Registrar

Phone: (805) 596-4040

FAX: (805) 542-9075

\_\_\_\_\_  
LAST Name (Maiden, if applicable), FIRST Name M.I.

\_\_\_\_\_  
Year of Grad/Attendance Date of Birth

[ ] **OFFICIAL COPY** (sealed in envelope) [ ] Will pick up on \_\_\_\_\_  
# of copies [ ] Mail to address below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(USE BACK OF FORM IF MORE SPACE IS NEEDED FOR ADD'L ADDRESSES)

[ ] **PERSONAL** copy - NO CHARGE IF ALSO ORDERING OFFICIAL COPIES  
Otherwise, same fees apply.

SIGNATURE: \_\_\_\_\_

### FOR OFFICE USE ONLY:

# requested: \_\_\_\_\_ COST: \_\_\_\_\_  
 PAID  OWES