

SAN LUIS OBISPO HIGH SCHOOL TRANSCRIPT REQUEST FORM

CURRENT Students Fee:

\$1.00 per copy – Please allow *up to* 3 working days to process.

FORMER Students Fee:

\$5.00 per copy

Payable by cash or check/money order ~~only.~~

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