



Transcript Request Form

Date: _____

Student/Alumnae Information:

(Please print clearly)

Full name: _____

Date of birth: _____

Year of graduation: _____

Email address: _____ Phone number: _____

Transcript Information:

- Unofficial Transcript
- Official Transcript (Sealed)

No. of copies: _____ (no charge)

No. of copies: _____ (\$2.00 each)

Where to Send Transcripts:

- Pick up at Serra High School Main Office
- Mail to:

College/Institution/Person: _____

Street address: _____

City, State, Zip: _____

College/Institution/Person: _____

Street address: _____

City, State, Zip: _____

Signature _____ Date _____

Transcripts are ready within two days of receipt of request. If you have questions, please contact Jane Blank, Registrar, at jblank@serrahs.com

(For Office Use Only)

Amount received: _____ Date mailed: _____ Date ready for pick-up: _____