

**TRANSCRIPT REQUEST**  
**SAN LORENZO VALLEY HIGH SCHOOL REGISTRAR**  
**7105 HIGHWAY 9**  
**FELTON, CA 95018**  
**831 335-4425/ 335-1531 FX**



NAME \_\_\_\_\_  
Last First M.I. Maiden Name, AKA or Former Surname

CURRENT ADDRESS \_\_\_\_\_  
Number & Street City State Zip

PHONE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

GRAD YEAR \_\_\_\_\_ NON GRAD YEAR \_\_\_\_\_

I request that my transcript be sent to the address below

**FEE:** Current Students n/c  
 Former Students \$5.00 per copy

Signature \_\_\_\_\_ Date \_\_\_\_\_

Cash or check made out to 'SLVHS'

**CAUTION: Please print mailing address carefully**

School/Job ID or Ref. No. (if any):

<b>FOR OFFICE USE ONLY</b>
RECEIVED:
PAID:
SENT:

**Additional Mailing Address(es):**

**CAUTION: Please print mailing address carefully**

School/Job ID or Ref. No. (if any):

<b>FOR OFFICE USE ONLY</b>
RECEIVED:
PAID:
SENT:

**Additional Mailing Address(es):**

**CAUTION: Please print mailing address carefully**

School/Job ID or Ref. No. (if any):

<b>FOR OFFICE USE ONLY</b>
RECEIVED:
PAID:
SENT: