

HERCULES HIGH SCHOOL
1900 REFUGIO VALLEY ROAD
HERCULES, CA 94547
PHONE: 510-231-1429 FAX: 510-245-1089

TRANSCRIPT REQUEST

Fill out form legibly and with complete information. **Transcripts will be mailed to the address shown, unless specified for student pick-up.**

THERE IS A FEE FOR ALL TRANSCRIPTS. Pay the fee via web store at hhs.myschoolcentral.com. **After paying for the transcript, email this completed form to Ms. Sotelo: yannira.sotelo@wccusd.net.**

You must provide the **complete** address for the school or college.

Today's Date _____

Name _____
Last First Middle Maiden Name

Home Address _____

City _____ Zip Code _____ Phone _____ Birthdate _____

Year of Graduation _____ Student ID # _____

1. Send to: _____

Address: _____

City: _____ State: _____ Zip: _____

2. Send to: _____

Address: _____

City: _____ State: _____ Zip: _____

3. Send to: _____

Address: _____

City: _____ State: _____ Zip: _____

Please check the appropriate boxes:

\$5.00 –per official transcript

_____ Date Sent (Office use)

____ Student or Guardian will pick-up

____ Mail

Processing time: 5-10 business days. No rush orders.

Payment via credit/debit card. If you would like to pay by cash, money order or cashier's check please call the cashier's office to set an appointment.

Revised date: 10/29/2020