

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

TRANSCRIPT REQUEST

Fill out the 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. \$5/ transcript. Pay the fee in the main office (cash only). **After paying for the transcript, email this completed form with a copy of your ID to Ms. Taylor : LTaylor-silva@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: 3-5 business days. No rush orders.

Payment via cash only during the months of June-July.

Revised date: 6/15/2022