FINAL TRANSCRIPT REQUEST – CLASS OF 2022

HERCULES HIGH SCHOOL 1900 REFUGIO VALLEY ROAD HERCULES, CA 94547

PHONE: 510-231-1429 FAX: 510-245-1089

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.

Revised date: 6/15/2022

Today's Date				
NameLas	st	First	Middle	Maiden Name
City	Zip Code	Phone	Birthdate	
Year of Graduation	Studen	t ID #	_	
1. Send to:				
Address:				
City:		State:	Zip:	
2. Send to:				
Address:				
		State:		
3. Send to:				
Address:				
City:		State:	Zip:	
Please check the appr	ropriate boxes:			
\$5.00 –per <u>official transcript</u>				
				Date Sent (Office use)
Studen	t or Guardian will pick	-up		
Mail				
Processing time: 3-5 b	ousiness days. No rus	h orders.		
Payment via cash only	y during the months o	f June-July.		