

VISTA HIGH SCHOOL
2625 Barnard St. RM VH1, Richmond, CA 94806-3138
Office 510-231-1431 Fax 510-222-8357

Request for Transcripts

Date requested _____ Time _____

Transcripts are \$5.00 and \$2.00 for each additional one at time of request. 1-2 day turnaround.

****Same day transcripts are \$6.00 – NO EXCEPTIONS! Additional ones same as above.**

*****Transcripts will not be sent until the transcript fee has been paid and all unpaid school fines have been cleared.**

Total Amount _____ CASH (EXACT CHANGE) OR MONEY ORDER ONLY

PAID _____ DATE RECEIVED _____ BY _____

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Full Name while attending school (Please print)

Last First Middle

Date of Birth _____

Year Graduated or Last school year attended _____

Current Address with City, State and Zip Code

Contact Number _____

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CHECK ONE Pick up _____ ****Mail/Fax directly** _____

How many do you need?

Official (Sealed envelope) _____ Unofficial (Unsealed envelope) _____

Total Requested _____

****Need a complete address of school, business, etc... if being mailed somewhere other than address indicated above. Use space below and/or another sheet of paper if need be.**

Signature _____

You may pick up your transcript/s Monday thru Friday between 8:00 am – 1:00 pm