



MARY STAR OF THE SEA HIGH SCHOOL  
2500 North Taper Avenue • San Pedro, CA 90731  
Tel (310) 547-1138 • Fax (310) 547-1827

**TRANSCRIPT REQUEST**

Student Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Year of Graduation/Withdrawal \_\_\_\_\_

*Submit completed form and \$5 per requested transcript.*

Number of OFFICIAL Copies: \_\_\_\_\_

Number of UN-OFFICIAL Copies: \_\_\_\_\_

Mail:  Hand Carry:  Fax:  E-Mail:

Fax Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Signature of Requesting Party \_\_\_\_\_

Date of Request: \_\_\_\_\_

**Complete if transcripts are to be mailed. If more than one transcript is requested to be mailed, list the additional addresses on back of page.**

Authorization is hereby given for transfer of school transcript of the above pupil to:

School: \_\_\_\_\_

Attention: (i.e. Admissions, etc.) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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For Office Use:

Date Fee Paid: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Check: \_\_\_\_\_ Cash: \_\_\_\_\_ Credit: \_\_\_\_\_ Debit Card: \_\_\_\_\_ PayPal: \_\_\_\_\_

Date Completed: \_\_\_\_\_