

Pacifica High School Transcript Request Form

Name: _____

Pacifica ID#: _____

Date of Birth: _____

Graduation Date: _____

Please send transcripts to the following college(s):

Date received/ sent: _____ (School Official)

Date received/ sent: _____ (School Official)

Date received/ sent: _____ (School Official)

Date received/ sent: _____ (School Official)

Note: Students must provide a legal sized envelope that is addressed to the college and has a postage stamp. A separate stamped envelope needs to be provided for each transcript request. Please leave the return address blank as we will stamp it with the school address.

I, _____, give Pacifica High School permission to send a copy of my official
(Student Name)

transcript(s) to the college(s) listed above and any other colleges or universities that request my transcript(s).

Thank you,

Student Signature

Parent Signature/Authorization
(student under age 18)

Date