



SAN MARINO HIGH SCHOOL

2701 Huntington Drive • San Marino, California 91108 • www.sanmarinohs.org

TRANSCRIPT REQUEST FORM

NAME: _____

If you have changed your name, please list you name while attending SMHS.

NAME while attending: _____

BIRTH DATE (MM/DD/YYYY): _____

DATES ATTENDED: From: _____ To: _____

PLEASE CHECK ON OF THESE BOXES: Graduated or Non-Graduate

NUMBER OF COPIES REQUESTED: Unofficial and/or Official

PLEASE SEND TRANSCRIPT(S) TO:

OR

TRANSCRIPT WILL BE PICKED UP BY: _____ RELATION: _____

AMOUNT DUE (\$5.00 per copy, cash or check only): \$ _____

Please mail request to:

*San Marino High School
Attn: Registrar's Office
2701 Huntington Drive
San Marino, CA 91108*

Please include the following with your mailed request:

- \$5.00 for each transcript that you request **(Cash or Check ONLY)**
- Copy of identification of former student or signed authorization *(if applicable)*

For Office Use:

Rec'd on: _____ Paid by: _____ Receipt#: _____ Mailed/Handed on: _____