

**Yucaipa High School
TRANSCRIPT REQUEST**

STUDENT NAME: _____ DATE: _____ YEAR OF GRADUATION: _____
CURRENT PHONE NUMBER: _____ DATE OF BIRTH _____

****ALL STUDENT FEES MUST BE CLEARED BEFORE TRANSCRIPT WILL BE PRINTED ****

PLEASE CHOOSE ONE:

_____ **A. PLEASE SEND MY TRANSCRIPT TO:**

Name of Institution

Address

City

State

Zip Code

_____ **B. I WILL PICK UP MY TRANSCRIPT** **TOTAL NUMBER OF COPIES REQUESTED** _____

**PLEASE ALLOW SEVEN (7) DAYS FOR PROCESSING. TRANSCRIPTS ARE RUN ON THURSDAYS--
AVAILABLE FOR PICK UP ON FRIDAY.**

PLEASE INCLUDE PAYMENT OF \$7.00 AND A COPY OF YOUR PHOTO ID

Student Signature

STUDENT PICKED UP TRANSCRIPT(S):

NUMBER OF COPIES _____

Student Signature

Date

Other Person Picking Up Transcript

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FOR OFFICE USE ONLY:
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Transcript Mailed _____