

**TRANSCRIPT REQUEST FORM**

(ALLOW 48 HOURS FROM TIME OF RECEIPT FOR PROCESSING)

STUDENT'S NAME \_\_\_\_\_ Date of Birth \_\_\_\_\_

Person requesting transcript \_\_\_\_\_

(must be parent or student) **MUST INCLUDE PHOTOCOPY OF DRIVER'S LICENSE**

**CURRENT STUDENT:** Grade Level (circle one) 9 10 11 12

# of Official\* (sealed) \_\_\_\_\_ # of Unofficial \_\_\_\_\_

**FORMER STUDENT:** Year Graduated \_\_\_\_\_ or Year Withdrawn \_\_\_\_\_

# of Official\* (sealed) \_\_\_\_\_ # of Unofficial \_\_\_\_\_

\*The envelope in which you receive an official transcript must remain sealed

**IF YOU WOULD LIKE AHS TO MAIL YOUR TRANSCRIPT(S), YOU MUST INCLUDE A PRE-ADDRESSED, POSTAGE PRE-PAID ENVELOPE FOR EACH TRANSCRIPT.**

**FEE:** \$5.00 per transcript due at time of request by cash or check payable to AHS

Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone Number (required) \_\_\_\_\_

Complete and mail this request to:

Agoura High School  
Attn: Registrar  
28545 W. Driver Ave.  
Agoura Hills, CA 91301

Office Use: \_\_\_\_\_ Date prepared \_\_\_\_\_ Prepared by \_\_\_\_\_ Total Fees collected: \_\_\_\_\_