

FINAL TRANSCRIPT REQUEST FORM

PLEASE RETURN TO THE REGISTRAR

Class of (graduation year) _____

Student's Name: _____

Student ID#: _____ Date of Birth: _____

- YOU MUST PROVIDE AN ADDRESSED, STAMPED ENVELOPE FOR EACH TRANSCRIPT REQUESTED.
- DO NOT PUT YOUR RETURN ADDRESS ON THE ENVELOPE.

Name of College: _____

Sample: #10 envelope, business envelope.

La Costa Canyon High School One Maverick Way Carlsbad, CA 92009	Stamp
Name of College Address City, State Zip Code	
Last Name, First Name (print small)	