

Date mailed:

Request for Transcripts

Los Gatos High School 20 High School Ct., Los Gatos CA 95030

Date:			
Name of Student:	t M.I.	Last	Maiden Name (if applicable)
Date of birth: P			ail:
Campus attended:			ollege Advantage □Independent Study
Year you graduated from high	school or what year you	will graduate:	
1. Quantity and type of tra	nscript requested (C	heck one or more of the	e boxes below):
☐ Official Transcript (seal☐ Unofficial Transcript (n☐ Emailed Transcript (pro	. ,	pened by recipient only)	Number of copies: Number of copies: Number of copies:
·		uates	Total amount enclosed:
3. If you will be picking up (If the student or grad is 18 or ove Pick up date:	er, he/she must give (writte	-	or anyone else to pick up the transcript.)
 Attach a completed bus Make sure to use <u>curre</u> <u>Send transcript(s) to</u> 	r to mail or email you iness envelope for each nt postage on each en o: (Name of college/orga	transcript. (Peel & stick en velope you have attac	ched.
2		4	
Sample Envelope: (Use blace	<u>k</u> or <u>blue</u> ink only. Don't	use pencil!!)	
Leave this area blank			eurrent Postage orever Stamp
	Name of College, E Attention: <i>(Office of</i> Address City, State, Zip	Business or Person of Admissions or contact i	name)
For office use only:	Date emailed:		Paid: ☐ Cash \$

Date picked up:

☐ Check #