

# TRANSCRIPT REQUEST

REQUEST SENT FROM:

**EAST NICOLAUS HIGH SCHOOL  
2454 NICOLAUS AVENUE  
NICOLAUS, CA 95659**



DATE REQUESTED: \_\_\_\_\_

DATE SENT: \_\_\_\_\_

NUMBER OF COPIES NEEDED:

\_\_\_\_\_ Unofficial

\_\_\_\_\_ Official

STUDENT'S CURRENT NAME:

\_\_\_\_\_

STUDENT'S NAME WHEN GRADUATED--IF DIFFERENT FROM ABOVE (I.E. MAIDEN):

\_\_\_\_\_

BIRTH DATE: \_\_\_\_\_

YEAR GRADUATED: \_\_\_\_\_

IF NOT A GRADUATE, DATE LAST ATTENDED: \_\_\_\_\_

SEND TO/ FAX\*/ PICK UP:

\*ONLY UNOFFICIAL TRANSCRIPTS CAN BE FAXED

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\_\_\_\_\_

STUDENT/PARENT SIGNATURE

DATE

IF PHONE REQUEST: NAME OF PERSON TAKING THE CALL