



MARY STAR OF THE SEA HIGH SCHOOL
2500 North Taper Avenue • San Pedro, CA 90731
Tel (310) 547-1138 • Fax (310) 547-1827

TRANSCRIPT REQUEST

Student Name _____

Date of Birth _____

Year of Graduation/Withdrawal _____

Submit completed form and \$5 per requested transcript.

Number of copies: _____

Hand Carry: ⑦

Official: ⑦

Mail: ⑦

Unofficial: ⑦

Fax: ⑦

Fax Number: _____

Complete if transcripts are to be mailed. If more than one transcript is requested to be mailed, list the additional addresses on back of page.

Authorization is hereby given for transfer of school transcript of the above pupil to:

School: _____

Attention: (i.e. Admissions, etc.) _____

Address: _____

City: _____ State: _____ Zip: _____

Signature of Requesting Party

Date of Request: _____

For Office Use:

Date Fee Paid: _____

Date Completed: _____