

# Transcript Record Request

Mary Star of the Sea High School  
2500 N. Taper Avenue  
San Pedro CA 90731  
310 547-1138  
Fax: 310 547-1827

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Year of Graduation or Withdrawal: \_\_\_\_\_

Submit completed form with a \$5 fee per requested transcript.

Number of OFFICIAL Copies: \_\_\_\_\_

Number of UN-OFFICIAL Copies: \_\_\_\_\_

Mail: \_\_\_\_\_ Hand Carry: \_\_\_\_\_ Fax: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Complete this section if transcripts are to be mailed. If more than one transcript is requested, please list additional address on the back of this page.**

By signing this form I hereby give my authorization  
for the transfer of the above student's transcript to:

School or  
Organization: \_\_\_\_\_

Attention: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature of Requesting Party: \_\_\_\_\_

Date of Request: \_\_\_\_\_

(For Office Use Only)

Date Fee Paid: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Check: \_\_\_\_\_ Cash: \_\_\_\_\_ Credit: \_\_\_\_\_ Debit Card: \_\_\_\_\_

Date Completed: \_\_\_\_\_

NOTES: