



San Diego High Educational Complex
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 San Diego, CA 92101
 Phone: 619-525-7455 Fax: 619-525-7259
 Laura Huezo, High School Registrar
 lhuezo@sandi.net

TRANSCRIPT REQUEST FORM

Include a copy of valid picture identification with this form

Please Print Clearly

Today's Date: _____ / _____ / _____

Last Name

First Name

_____/_____/_____
DATE OF BIRTH

NAME YOU ATTENDED UNDER (ONLY IF DIFFERENT FROM ABOVE)

Phone#: (_____) _____ - _____

E-Mail Address: _____

SIGNATURE: _____

CHOOSE ONE

Business & Leadership

International Studies

Science & Technology

I WILL PICK IT UP

ALL STUDENTS must **PICK UP** the transcript from the registrar.
 That's including the **TRANSCRIPT FOR COLLEGE**.

FAX (_____) _____ - _____ *Attention:* _____

MAIL TO: _____

College Name/Person

Address

CITY

STATE

ZIP CODE

First two are free all others \$2 each
 Turnaround time – 5 business days

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For Office Use Only

ID verified by: _____

Request completed on (DATE): _____