

TRANSCRIPT REQUEST FORM

Student's Name: _____ / (_____) _____ MI
Last Maiden First

Current Address: _____
Number & Street

City & State Zip Code

Daytime Phone Number: (_____) _____

Date of Request: _____ LAST YEAR attended Providence/GRADUATION YEAR: _____

Number of Transcript(s) needed: # _____ Official *

[*Official transcripts must be mailed directly to the requesting school or business]



I hereby authorize Providence High School to transfer official school records for the above named student to the following COLLEGE(S)/SCHOOL(S)/BUSINESS(ES):

_____ Name of College/School/Business	_____ Name of College/School/Business
Attn: _____	Attn: _____
_____ Street Address	_____ Street Address
_____ City State Zip	_____ City State Zip

SIGNATURE OF ADULT STUDENT (Parent Signature if student is a minor)

PROCEDURE FOR TRANSCRIPT REQUEST:

- Complete all above information and sign form
- Please enclose a copy of your Driver License for identification purposes (copy will be shredded once identification has been confirmed)
- Allow 1 week for processing
- Any Transcripts not being mailed may only be picked up by the requestor
- Mail this Transcript Request Form and a copy of your Driver License to:

Providence High School
Attention: Registrar
511 South Buena Vista Street
Burbank, CA 91505

Or email your request to **Registrar@providencehigh.org**

For questions, please contact the Registrar at (818) 846-8141 x14203.