



St. Francis Central Coast Catholic High School TRANSCRIPT REQUEST



- 1) Current SFCCCHS students are provided with five (5) transcripts free-of-charge. Each subsequent transcript carries a \$2.00 fee.
- 2) Transcripts for former students and graduates carry a \$5.00 fee for each transcript.
- 3) Transcripts are sent to the addresses listed on this form only; correct addresses are the responsibility of the requesting party.
- 4) Requests being held for current semester grades will be mailed approximately one month after the end of the semester.
- 5) Official transcript requests on behalf of minors must be accompanied by a signature from a parent/guardian.

(please print)

Name: _____ Graduation Year/ Last Attended: _____
First Middle Last

Social Security Number: _____ - _____ - _____ Birth Date: _____ SFCCCHS I.D. #: _____

Address: _____ Phone: (____) _____

City, Zip, State: _____ E-mail*: _____

Signed: _____ Date: _____
(your signature OR parent signature required for minors)

Transcripts will be processed within two (2) working days of request.

Transcripts are to be sent to the following institutions:

1) Name of School: _____
 Attn: _____
 Address: _____
 City, State, Zip: _____

2) Name of School: _____
 Attn: _____
 Address: _____
 City, State, Zip: _____

3) Name of School: _____
 Attn: _____
 Address: _____
 City, State, Zip: _____

4) Name of School: _____
 Attn: _____
 Address: _____
 City, State, Zip: _____

For office use:

Date received

Date mailed

**Submit completed form with required payment to
 Office of the Registrar
 St. Francis Central Coast Catholic High School
 2400 East Lake Avenue
 Watsonville, CA 95076
 831.724.5933 831.724.5995 (FAX)**

** Include your E-mail on the line above if you would like to receive notification that your transcripts have been mailed.*