



**Student Transcript Request Form REGISTRATION SERVICES**

TEL: 650-329-3707 FAX: 650-321-4525 EMAIL: REGISTRATIONSERVICES@PAUSD.ORG

PALO ALTO UNIFIED SCHOOL DISTRICT

25 Churchill Avenue • Palo Alto, CA 94306

**To process this form a copy of your picture identification, payment and completed signed form must be submitted to the Registration Services office at the above address.**

Fee: 10 day turn-around service \$10.00; Same day service \$15.00, and \$ 5.00 for each additional copy

Student's Name (while enrolled at PAUSD) \_\_\_\_\_ Date of Birth \_\_\_\_\_

School Attended: \_\_\_\_\_ Year of Graduation/Last Academic Year: \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Requestor will pick up completed form at Registration Services office. If not checked, transcript will be sent to the below address.

Number of copies: Official Copy \_\_\_\_\_ Un-Official Copy \_\_\_\_\_

Destination(s)	_____	_____
Recipient Name & Address	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

Signature \_\_\_\_\_

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*Official Use*

Requested Date \_\_\_\_\_ PD \_\_\_\_\_  Cash  Check

Date Issued \_\_\_\_\_