



ALUMNI TRANSCRIPT - \$10.00 (cash, check, or money order)

Please provide a photo ID

TODAY'S DATE _____

YOUR NAME* _____

*If your last name was different while attending PAUSD, please include

SCHOOL OF GRADUATION _____

YEAR OF GRADUATION _____

DATE OF BIRTH _____

PHONE NUMBER: _____

EMAIL: _____

SEND TO:

OFFICIAL or UNOFFICIAL

DESTINATION _____

ADDRESS _____

CITY, STATE, ZIP _____

DEADLINE DATE _____

SIGNATURE _____