

AGOURA HIGH SCHOOL Former Student Transcript Request Form

Submit this form to: Lgoryoka@lvusd.org

Name: _____ Date of Birth: _____

Graduation Year or Year Withdrawn: _____

Phone Number: _____

Check the options that apply to your transcript order.

_____ Email me an **unofficial** PDF copy of my transcript to this email address:

_____ How many **Official** Transcript(s)

_____ Will Pick Up 2-3 days processing time

Note: If you live in the area, pick up is the only option.

_____ Mail to: May take up to 5 days processing time.

*1. _____

*2. _____

PHOTO ID IS REQUIRED FOR EMAIL AND MAILING OF YOUR TRANSCRIPT.

PLACE PHOTO ID HERE OR ATTACH IT TO THE EMAIL ALONG WITH THIS FORM.

- For verification purpose, a photo ID is required when picking up your transcript.
- I understand that I am responsible for putting the correct mailing address on the form.
- We do not mail transcripts internationally.
- You or your parent may pick up the transcript

Signature: _____

Date: _____