



# MONTE VISTA CHRISTIAN SCHOOL

## TRANSCRIPT REQUEST FORM

**Mail Transcript Requests To:** MVCS, ATTN: Transcripts - 2 School Way - Watsonville, CA 95076

**Fax Transcript Requests To:** 831-722-8611, ATTN: Transcripts

**For More Information, Contact:** Shannon Darton, Registrar | 831-768-6116 | [shannondarton@mvcs.org](mailto:shannondarton@mvcs.org)

Last Name in High School: \_\_\_\_\_ First Name: \_\_\_\_\_

Current name, if different from above: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Graduation year (if applicable): \_\_\_\_\_ Years attended (i.e. 2009 - 2011): \_\_\_\_\_

**DOCUMENTS NEEDED: (indicate # of each on the lines provided)**

\_\_\_\_\_ Official Transcript (*signed, embossed with MVCS seal, in sealed envelope*)

\_\_\_\_\_ Transcript – Faxed (*signed, but not embossed*)

\_\_\_\_\_ Unofficial Transcript (*reference copy only*)

\_\_\_\_\_ Other: (explain) \_\_\_\_\_

**SEND TRANSCRIPTS VIA:**

\_\_\_\_\_ **Fax**

ATTN: \_\_\_\_\_ Fax #: \_\_\_\_\_

\_\_\_\_\_ **Email**

Email address: \_\_\_\_\_ ATTN: \_\_\_\_\_

\_\_\_\_\_ **Mail** – Please complete the following information:

Company/School: \_\_\_\_\_

ATTN: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_