



MONTE VISTA CHRISTIAN SCHOOL

TRANSCRIPT REQUEST FORM

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

Email Transcript Requests To: shannondarton@mvcs.org

For More Information Contact: Shannon Darton - Registrar 831-768-6128

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 or emailed (*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: _____