

## TRANSCRIPT REQUEST FORM

Attn: Rachel Leota, 900 Alameda de las Pulgas, San Mateo, CA 94402 Email:rleota@smuhsd.org Phone (650) 558-2919 Fax (650) 558-2952 \*TRANSCRIPTS, ARE PROCESSED WITHIN TWO WORKING DAYS\*

Last Name (Name	while attending AHS)	
First Name		
Date of Birth		
Date of Attendance	e/Graduation Date	
Telephone Number	r ()	Email
	ranscript. Money Orde <u>ol.</u> Processed when paic	rs, Cash or Checks payable to l.
Total of Transc	ripts Requested	Amount Paid
_	IPT***Parents or Far	HE STUDENT CAN ORDER THEII nily Members can NOT request students over 18.
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All transcripts are OFFICIAL. Unofficial transcripts are not available. Diplomas are certificates that you received at graduation and are non-replaceable. We do not have copies.