

Transcript Request Form

Please print form and send to the address below:

Carmel Unified School District
Carmel High School
Attn: Registrar
PO Box 222780
Carmel, CA 93922-2780
(831) 624-1821 ext. 2782

Name: _____
 LAST FIRST M.I. MAIDEN

Address: _____
 NUMBER STREET CITY STATE ZIP

Phone: _____ Birthdate: _____

Grad Year: _____ If did not graduate, year left: _____

I request that my transcript be sent to the address below:

Signature: _____

Date: _____

Fee: After Graduation: \$5.00 Former Student: \$5.00
Cash or Money Order Only!
Transcripts will not be mailed unless fee is submitted with request.
----- For Office Use Only Received: _____ Paid: _____ Sent: _____