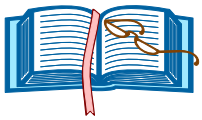
South San Francisco Adult Education



High School Diploma Transcripts Request

Name used while attending school:

_____

(First) (Middle) (Last)

Current address: _____

Date of Birth: _____ Phone #:_____

Dates/Year of attendance or Graduation Date: _____

Send transcripts to: _____

(Name of School, or Individual)

_____

Street Address Apt. #

_____

City State Zip Code

The fee per transcript is $5 (cashier's check or money order payable to South San Francisco Adult Education). Personal checks are not accepted. Transcripts are processed in 3-5 business working days.

Signature: _____ Date: _____

Please sign and mail the completed form to:

South San Francisco Adult Education
Attention: Registrar
825 Southwood Drive
South San Francisco, CA 94080