ALUMNI TRANSCRIPT REQUEST FORM

Attn: Rachel Leota, 900 Alameda de las Pulgas, San Mateo, CA 94402
Email: rleota@smuhsd.org I Phone (650) 558-2919 I Fax (650) 558-2952

Transcripts may only be requested by the former student/graduate.
Third party requests will not be honored without a signed written release.
TRANSCRIPTS ARE PROCESSED WITHIN TWO WORKING DAYS

Last Name (Name while attending AHS) _____

First Name _____ Date of Birth _____

Date of Attendance/Graduation Date _____

Telephone Number (_____) _____

Email _____

Total of Transcripts Requested _____

COST: $5 per Transcript. Cash/Check payable to Aragon High School.
Processed when paid.

Official transcripts cannot be sent via email; must be printed and mailed

Send Transcript to: _____

_____

_____

_____

Signature _____ Date _____

All transcripts are OFFICIAL. It is a legal document.
Unofficial transcripts are not available.
We do not provide duplicate copies of your diploma.

Education Verification:
Submit request via fax (650) 558-2952 or email a signed release of records to rleota@smuhsd.org. Mail $20 processing fee to:
Aragon High School, 900 Alameda de las Pulgas, San Mateo, CA 94402

AHS Office Use Only: Transcripts Ordered: _____ Amount Paid: _____ Cash / Check