



TRANSCRIPT REQUEST FORM

Attn: Student Data Anayst, 900 Alameda de las Pulgas, San Mateo, CA 94402

Email questions to the [School Counselor according to last name.](#)

TRANSCRIPTS, ARE PROCESSED WITHIN TWO WORKING DAYS

NAME (ON SCHOOL RECORDS): _____

PHONE #: _____ DATE OF BIRTH: _____

ORDER:

Official/Naviance Electronic Submission

COST: Total # of transcripts requesting _____

Current Students Only: Free for your first 10 transcripts, \$5 each thereafter

FOR ALUMNI ONLY

\$5 per transcript. Paid at time of request.

Date of Attendance/Graduation: _____

Current Mailing Address: _____

All transcripts printed are official. Unofficial transcripts are not available. Diplomas are certificates that you received at graduation and are non-replaceable. We do not have copies or able to order diplomas.

PAYMENT:

Cash

Check (payable to Aragon High School)

Fee Waiver

(AVID, F/R Lunch, counselor approval)

****Transcript will not be processed without payment****

Provide name and address only if requesting transcript to be mailed

Name _____

Address: _____

OFFICE USE ONLY DATE PROCESSED _____ INITIALS _____