ALUMNI Transcript Request

(CURRENT STUDENTS ORDER AT COUNSELING OFFICE**)

Hillsdale High School 3115 Del Monte St San Mateo, CA 94403 650.558.2699

Print Name .

THIR Name.	Last Name	(Name on	school records)	First Name
Current Addr	ess:			
Contact Phon	e #:			
Date of Birth	irth Graduation Date :			
Official Qty _ payable to Hi			necks or cash o	nly. Please make checks
Send Transcr				
Signature:			Date:	

Please sign and mail or drop off the completed form with total \$ to the above address. Please allow a 24 hour turnaround time for processing, from the date request is received.

*PAST GRADS: All transcripts are official. Please do not request an unofficial. Diplomas are certificates that you received at graduation and are non-replaceable. We do not have copies or order diplomas.

**Current students please do not use this form. Pick up the BLUE transcript request card and order your transcript (s) from the Counseling Office. There is no charge for current students for up to 10, \$5 each thereafter. See your Counselor if you need an unofficial transcript.