



REQUEST FOR OFFICIAL TRANSCRIPT

Please complete one form per request.

STUDENT FULL NAME: _____
Last Name (As used when attending Stanbridge) First Name

CURRENT NAME: _____
(If different from attending years) Last Name First Name

BIRTHDATE: _____ GRADUATION YEAR: _____
MM/DD/YYYY or Dates of Attendance

CURRENT ADDRESS: _____

TELEPHONE NUMBER: _____

E-MAIL *(For questions or unofficial transcripts)*: _____

OFFICIAL TRANSCRIPT Qty Requested _____

Amount of Payment Enclosed* _____

**First five (5) transcripts are free; additional copies may incur a \$5.00 per copy fee.
Transcripts are processed in two to three business working days.*

SEND TRANSCRIPT TO (Institution/Address): _____

Attention: _____

SIGNATURE: _____ DATE: _____

Requests for students under 18 years of age must be signed by a Parent/Guardian.

Please sign and send the completed form with cash or check, if applicable, made payable to:

Stanbridge Academy
Attn: Transcripts/Records

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