



ATASCADERO HIGH SCHOOL

Transcript Request Form

Today's Date _____

Name _____ (use maiden name)
(Provide the name you used when you attended Atascadero High School)

Signature _____

Date of birth _____

Phone Number _____

Did you graduate from AHS? Yes No Currently Enrolled

If yes, year of graduation _____ If no, last year attended AHS _____

Do you need an official transcript or unofficial transcript _____ (**Official copies are needed for colleges and many jobs**)

Do you want the transcript(s) *mailed* or will you pick it up? _____

Number of transcripts needed _____

If you want your transcript(s) mailed, please provide the following information:

- _____
Name (either your name or the name of the college/university/job)
- _____
Street address
- _____
City, State, & Zip Code

*****There is no charge for transcripts of current year students**

*****Please remit \$3.00 for each transcript requested. Make checks payable to Atascadero High School. Mail transcript request to:**

**Atascadero High School
Attn: Records
One High School Hill
Atascadero, CA 93422
(805) 462-4300**