



ALUMNI TRANSCRIPT REQUEST

Please send our registrar:

- a) this completed form
- b) copy of your photo ID
- c) web store receipt showing the \$5.00 processing fee for each transcript requested has been paid.

MAIL: Los Altos High School Registrar
201 Almond Ave.
Los Altos, CA 94022

EMAIL: elena.baquero@mvla.net

FAX: (650) 948-8672 Attn: Registrar

DATE: _____ **NAME:** _____
Last Name First Name MI

NAME (while attending LAHS, if different): _____
Last Name First Name MI

Student's Phone Number: _____ Email: _____

Date of Birth: ___/___/___ Did you graduate from LAHS? YES NO Year of grad OR last year at LAHS: _____
Mo Day Year Circle one

Transcript Delivery (circle one): Pick up in person OR Regular US Mail (We do not email out alum transcripts.)

If you want your transcripts mailed out, fill in mailing information below:

Circle one

Recipient (Institution or person): _____ official / unofficial

ADDRESS line 1: _____

ADDRESS line 2: _____

CITY, STATE, ZIP CODE: _____

Recipient (Institution or person): _____ official / unofficial

ADDRESS line 1: _____

ADDRESS line 2: _____

CITY, STATE, ZIP CODE: _____

I hereby authorize Los Altos High School to release my transcript to the above named institution(s).

Signature

Date

Office use only: PAID \$_____ (cash/check/webstore) | ID _____