

**ALUMNI REQUEST FOR TRANSCRIPT
SAN MATEO HIGH SCHOOL
506 N. Delaware Street
San Mateo, CA 94401
Tel. 650-558-2399**

PRINT NAME: _____
Last Name (As used when attending School) First Name

CURRENT ADDRESS: _____

TELEPHONE No.: _____

DATE OF BIRTH: _____
MM/DD/YR

DATES OF ATTENDANCE OR GRADUATION: _____

OFFICIAL TRANSCRIPT \$5.00 each / Qty _____

Please Enclose Payment. **NO** Credit Cards or Personal Checks accepted.
Transcripts are processed in two business working days.

SEND TRANSCRIPT TO Institution/Address

SIGNATURE: _____ DATE: _____

Please sign and mail the complete form to:

San Mateo High School
506 N. Delaware Street
San Mateo, CA 94401
Attn: Transcripts/Records