

# Excelsior School

## Transcript Request Form

1539 E Howard Street. Pasadena, CA 91104 Tel: (626) 398-2388 Fax: (626) 398-2454

Email: www.excelsiorschool.com

**Complete all seven items and return to the above addresses. Please print legibly.**

1. Name \_\_\_\_\_  
Last, First, Middle Maiden or other

Social Security or Student ID Number \_\_\_\_\_

Birth Date: \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

2. Address \_\_\_\_\_  
Number & Street

\_\_\_\_\_ City State Zip

3. Check if you are currently enrolled [ ]  
OR indicate approximate dates of attendance \_\_\_\_\_  
Semester/Year

4. Number of transcripts to be mailed to address below \_\_\_\_\_

**A transcript request will not be processed for a student who is delinquent to the Excelsior School.**

*Note: Pickups and sendouts must be ordered on separate forms. If transcript is to be sent to more than one address, use additional forms.*

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*Note: Student is responsible for correct address. Transcript(s) will be mailed to the address indicated above.*

5. Number of transcripts to be faxed to fax number below \_\_\_\_\_  
FAX # \_\_\_\_\_

(Area code) *Note: Fill in only if fax is to be sent.*

Send FAX attention: \_\_\_\_\_

6. (Check one)  
[ ] Pick up  
[ ] Send now, do NOT hold for semester grades  
[ ] Hold until semester grades are posted (circle semester: Spring or Fall)  
[ ] Hold until graduate

Other instructions: \_\_\_\_\_

7. Method of Payment: Cash [ ] Check [ ] PayPal [ ]

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\$20 for each replacement transcript (four free transcripts for current students).