

Excelsior School

Transcript Request Form

41 W Santa Clara St., Arcadia, CA. 91007 Tel: (626) 623-6339 Fax: (626) 623-6293

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).