



# REQUEST FOR TRANSCRIPT

Oceana High School, ATTN: Criss Galea, Registrar  
401 Paloma Ave., Pacifica, CA 94044  
Email [cgalea@juhsd.net](mailto:cgalea@juhsd.net) or Fax to (650) 550-7310

Name as Enrolled: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Name, if different from above: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Graduation Year or Attendance Years: \_\_\_\_\_

### Documents Requested:

Total # of Transcripts requested: _____	# of Official: _____
	# of Unofficial: _____
<b>The fee is \$5.00 per transcript, payable to Oceana High School by cash or money order. Must provide a copy of valid ID. (Drivers License or Passport)</b>	

**I WILL PICK UP MY TRANSCRIPT:** If someone other than the student is picking up the document, please provide a written letter giving consent for the individual to pick up documents. Letter must have person's full name and must have a current ID with them to verify.

**MAIL TO:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

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

**\*Please attach additional addresses.**

**FAX TO:** \_\_\_\_\_

**\* Faxed transcripts will be stamped "Unofficial"**

\_\_\_\_\_  
**Signature** **Date**

**Note: Transcripts cannot be released without a valid student signature and ID.**

\*Please allow 5 business days for processing.

Office Use Only:

Date Completed:	
Payment:	Initials: