



# JEFFERSON HIGH SCHOOL

6996 Mission St., Daly City, CA, 94014

Jason Brockmeyer, Principal

Transcripts and education verifications may be requested by mail, fax, or in person.

*The fee is \$5.00 per transcript, payable to Jefferson High School by cash or money order (no checks or credit cards, sorry).*

## REQUEST FOR TRANSCRIPT

**Your Name in High School:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Did you Graduate?** *Yes No Not Sure* **If Yes, Year of Graduation:** \_\_\_\_\_ **If No/Not Sure, List Years Attended:** \_\_\_\_\_

**Documents Needed:** \_\_\_\_\_ Official Transcript (*signed, embossed with Jefferson H.S. seal; in sealed envelope*)  
(*indicate # of each on lines provided*) \_\_\_\_\_ Transcript – Faxed (*signed but not embossed ; faxed*)  
\_\_\_\_\_ Other (*explain*) \_\_\_\_\_

**Send Transcripts by:** \_\_\_\_\_ Fax ATTN: \_\_\_\_\_  
Fax #: \_\_\_\_\_

\_\_\_\_\_ Mail Name/Dept: \_\_\_\_\_  
Company/School: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
(*For more than one address, attach additional sheet(s) as needed.*)

\_\_\_\_\_ Pickup at Jefferson High School (*If someone other than the student will pick up, attach **Transcript Pickup Authorization***)

**Signature:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

*Please allow 7-10 days for processing.*

Fax Transcripts Requests to: 650-992-5628, ATTN: Registrar

Mail Transcript Requests to: Jefferson High School, ATTN: Registrar, 6996 Mission St., Daly City, CA 94014

For additional information, contact Marcia Villarreal, Registrar, at 650-550-7785 / [mvilla@juhsd.net](mailto:mvilla@juhsd.net)

**Amount Paid:** \_\_\_\_\_ Cash / Money Order **Paid To (Initials):** \_\_\_\_\_ **Date Paid:** \_\_\_\_\_