PLEASE INCLUDE A PRE-ADDRESSED **DOUBLE-STAMPED** ENVELOPE.

POWAY UNIFIED SCHOOL DISTRICT
Rancho Bernardo High School Request for Transcripts

Name: _____ SS#: _____
Last First Middle

Phone #: _____ Birthdate: _____ Class of: _____

Special Action or Handling Requested (examples: (1) counselor recommendation needed (2) mid-year transcript (3) hold for final grades (4) final transcript)

Number of Copies _____ Date Desired _____ Payment Received _____ Date Received _____

The official high school transcript contains the following test information: SAT, SAT II, ACT, immunizations, proficiency test, and California High School Exit Examination.

Transcripts contain confidential information that can only be released with the permission of an adult, 18 years of age or older.

Students younger than 18 yrs. old require the permission of a parent/guardian. Signature below authorizes the school to release the student's transcript to any schools, colleges or universities the student or parent requests.

_____ _____ _____
Signature of Parent/Guardian Or Student (**must be 18 or older**) Date Relationship to Student

Send Transcript to:

(1) _____
Name of College/University

Attention: _____

_____
Address

_____
City, State, Zip Code

(2) _____
Name of College/University

Attention: _____

_____
Address

_____
City, State, Zip Code

(3) _____
Name of College/University

Attention: _____

_____
Address

_____
City, State, Zip Code

Rev. 02/04/08