



Request for Transcript

Registrar
St. Francis Catholic High School
5900 Elvas Avenue • Sacramento, CA 95819
(916) 452-3461 Ext. 118
FAX: (916) 452-1828

Date: _____

Check One: Please send an **Unofficial** _____ / **Official** _____ transcript.

Student's Full Name: _____
(While attending St. Francis High School)

Contact phone number or email address if there are any questions:

Class of or Graduation Year: _____

Birthdate: _____ MM _____ DD _____ YY

Student Pick Up: _____ Date you will pick up*: _____

****(Allow 5 business days for this request to be processed)***

Mail to Home: _____

Mail to College/University/Employer/Other: _____

College/Scholarship Name: _____

Reason for Transcript Request: _____

Mail To: _____

Attention/Dept.: _____

Address: _____

City, State & Zip: _____

Other instructions or comments: _____

Signature of student

Date