Chaffey High School

Request for Transcript

Name: _____ Date: _____
Last First MI (MM/DD/YYYY)

Maiden Name (if applicable): _____ Phone: _____

Grad/Non Grad Year: _____ Date of Birth: _____ Soc. Sec. No._____

Number of copies requested: _____ Official: _____ Unofficial: _____

Reason for Request:

_____ College (Name): _____

_____ IRS, Immigration, or other government agency: _____

_____ Employment: _____

_____ Military: _____

_____ Other: _____

Fee Paid: _____ (Fee: $5.00 per transcript)
(Cash or Money Order - No personal checks accepted)
Date Mailed: _____

*** Mail to: _____
Name
_____
Street
_____
City, State, Zip

*** Please enclose a legal size, self-addressed and stamped envelope.

I authorize the release of my transcript with official test scores.

Signature _____

Mail the above form to:
Chaffey High School
Attention: Registrar
1245 North Euclid Avenue
Ontario, California 91762

Phone: (909) 988-5560, Ext. 2003 or 2002
Fax: (909) 988-7821