



Carmel Valley High School

P.O. Box 222700
Carmel, CA 93922

www.carmelvalleyhigh.org

Phone: (831) 624-4462
Fax: (831) 624-4487

REQUEST FOR TRANSCRIPT

Today's Date: _____

STUDENT INFORMATION

Name: _____
Last First Middle Initial

Maiden or Other Name(s): _____

Daytime Phone: () _____

E-Mail Address: _____

Mailing Address: _____

City State Zip Code

Student Signature (Required): _____

ENROLLMENT INFORMATION AND SPECIFIC DIRECTIONS

Graduation Date or Year: _____

Forward Transcript To:

Name: _____

Business or Institution: _____

Address: _____

City State Zip Code

Fax Transcript to: () _____

Pick-Up (allow 3 business days) **PHOTO ID REQUIRED**

TO REQUEST TRANSCRIPT

MAIL:

Complete form and mail to:

Carmel Valley High School
Attn: Transcripts
P.O. Box 222700
Carmel, CA 93922

Please allow 3 business days to process mail requests.

FAX:

Complete form and fax to:
Attn: Registrar
(831) 624-4487

IN-PERSON;

Complete form and return to the school office between the hours of 8:00 a.m. – 2:00 p.m., Monday through Friday (excluding holidays).

Physical Address:
Carmel Valley High School
27335 Schulte Road
Carmel, CA 93923

Please Note: The school office is closed for summer vacation the months of June and July.

A transcript will not be issued until all outstanding financial obligations due to the school are cleared.

All questions should be directed to the school secretary at Carmel Valley High School.

Phone: (831) 624-4462, ext. 2891
Fax: (831) 624-4487

In accordance with Federal law, records cannot be released without the written consent of student.

FOR OFFICE USE

Rec'd by: _____

Date Sent: _____

Sent By: _____