



Mail this form & fee to: **Santa Margarita Catholic High School**
Office of the Registrar
 22062 Antonio Parkway
 Rancho Santa Margarita, CA 92688

Questions: Registrar - (mosman@smhs.org)
 (949) 766-6094 - Fax: (949) 766-7454

Transcript Request Form for Past Students
 (Current students must contact the Counseling Office)

Transcript Fees:

- Unofficial Transcripts (faxed or picked up): *Free*
- Official Transcripts are **\$10.00** per copy.
- Transcripts will not be processed without payment.
- Make checks payable to SMCHS

Today's Date: _____

Type of Transcript needed: Official Transcript
 Unofficial Transcript

Name: _____ SS# (last four digits) _____ CLASS OF _____

Birth Date: _____ Phone #: (____) _____ Date Graduated or Transferred: _____

Current address: _____
Street Address City State Zip Code

Student Signature _____ Student Email: _____

I will pick up. _____ Copies. Must present picture ID when picking up your transcript(s).
(You will be notified at the phone number you provide above when ready for pick up, usually 24 hours from receipt)

Fax (unofficial only): Name of institution: _____
 Fax number: _____ Attention: _____

I would like my transcript mailed. **PLEASE PRINT CLEARLY.**

Mail To: _____
(Name of University/College)

Mail To: _____
(Name of University/College)

Mail To: _____
(Name of University/College)

Mail To: _____
(Name of University/College)

For Office Use Only

Total # of Transcripts: _____ Amt Due: \$ _____ Total Pd: \$ _____ Check # _____ Cash Balance Due: \$ _____

CAL ID# _____ DATE EXP: _____ Business Office approval: _____ Initials: _____