



# Guajome Park Academy

## Transcript Request Form


Registrar Office

Send to: Guajome Park Academy

2000 N. Santa Fe Avenue

Vista, CA 92083

Phone No: (760) 631-8500 Fax No: (760) 631-8510

 Note: All transcript requests are processed within five (5) business days

(All records are processed in the Administration Office)

**There is no charge for the first transcript.**

**Additional transcripts are available at a cost of \$2.00 each - cash or money order only.**

***For an official transcript, a signature is required.***

***If student is under the age of 18, a parent signature is required.***

Student Name: \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (include former name if applicable)

Former Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Required**

### To be completed by student:

Student Contact Information

Date: \_\_\_\_\_

Phone No: (\_\_\_\_) \_\_\_\_\_

Last Date of Attendance \_\_\_\_\_  
Month/Day/Year

Date of Birth: \_\_\_\_\_  
Month/Day/Year

Current or Most Recent Enrollment:  **Middle School**  
**(Please check one)**  **High School**  
 **ELC**  
 **Independent Study**

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip Code)

Include the forwarding addresses and/or fax numbers to the recipients of your transcripts.

Address:  Official Transcript  Unofficial Transcript

Name of College/Institution/School: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code

Fax No: ( ) \_\_\_\_\_

Address:  Official Transcript  Unofficial Transcript

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code

Fax No: ( ) \_\_\_\_\_

Signature of Student (18 years of age or older): \_\_\_\_\_

Parent Signature: \_\_\_\_\_