



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:

<p>Student Contact Information</p> <p>Date: _____</p> <p>Phone No: (____) _____</p> <p>Alternate Phone: (____) _____</p> <p>Last Date of Attendance _____ Month/Day/Year</p> <p>Current Enrollment: <input type="checkbox"/> Middle School <input type="checkbox"/> High School <input type="checkbox"/> ELC <input type="checkbox"/> Independent Study</p> <p>Address: _____ _____ _____ (City) (State) (Zip Code)</p>	<p>Include the forwarding addresses and/or fax numbers to the recipients of your transcripts.</p> <p>Address: <input type="checkbox"/> Official Transcript <input type="checkbox"/> Unofficial Transcript</p> <p>Name of College/Institution/School: _____ _____ _____ _____ City State Zip Code</p> <p>Fax No: () _____</p> <p>Address: <input type="checkbox"/> Official Transcript <input type="checkbox"/> Unofficial Transcript</p> <p>_____ _____ _____ City State Zip Code</p> <p>Fax No: () _____</p>
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Signature of Student (18 years of age or older): _____

Parent Signature: _____