



## *Request for Transcript*

Name \_\_\_\_\_ Date \_\_\_\_\_

Maiden Name \_\_\_\_\_

Year of Graduation \_\_\_\_\_ Date of Birth \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Number of Transcripts Requested:

\_\_\_\_\_ Official (Signed with official seal)

\_\_\_\_\_ Unofficial

Delivery Method:

\_\_\_\_\_ E-Mail to: \_\_\_\_\_

\_\_\_\_\_ I will pick up the transcript(s)

\_\_\_\_\_ Mail to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

**Please Note:** There is a \$5.00 charge for each physical copy of your transcript. If you are sending a check or money order make it payable to Argonaut High School. If you have any questions, please call our Registrar, Laura Dillian, at (209) 257-7751.

Send this request to:

Argonaut High School  
501 Argonaut Lane  
Jackson, CA 95642  
FAX: (209) 223-3149 or email  
laura.dillian@acUSD.org