Glendale Unified School District CRESCENTA VALLEY HIGH SCHOOL REQUEST FOR TRANSCRIPT

PLEASE PRINT ALL INFORMATION

Allow 2-3 days for processing

Date of Request	-
Full Legal Name	CVHS Student ID#
(Last Name, Fi	irst Name Middle Name)
Birthdate	CVHS Exit or Graduation Date
Phone #	Email
Indicate Full Name of College/Univers	sity, Person or Business. Include full mailing address or electronic link, as appropriate.
1.	Official (good by US Mail)
	☐ Official (send by US Mail) ☐ Official (email pdf copy)
	☐ Official (submit electronically: Common App or other)
2.	☐ Official (send by US Mail)
	☐ Official (email pdf copy)
	☐ Official (submit electronically: Common App or other)
3.	☐ Official (send by US Mail)
	☐ Official (email pdf copy)
	☐ Official (submit electronically: Common App or other)
4.	☐ Official (send by US Mail)
	☐ Official (email pdf copy)
	☐ Official (submit electronically: Common App or other)
5.	
	☐ Official (send by US Mail) ☐ Official (email pdf copy)
	☐ Official (submit electronically: Common App or other)
The transcript will contain the following	ng information: Course titles, grades, credits earned, grade point average, and
immunizations currently on file at this	school.
* Processing Fee - \$3.00 per Tr	anscrint
Cash or check payments may	be submitted with this application to the CV Registrar
* *	c payment made at the CVHS Webstore):
• https://webstores.activen.software/crescenta valley	<u>network.com/school-</u> y_hig/index.php?l=product_detail&p=422#.YTeTsJ1Kg2w
, 4110	
Student Signature	Parent/Guardian Signature

Parent/Guardian Signature (Required if student is under 18 years of age)