



MARY STAR OF THE SEA HIGH SCHOOL
2500 North Taper Avenue • San Pedro, CA 90731
Tel (310) 547-1138 • Fax (310) 547-1827

AUTHORIZATION FOR TRANSCRIPT

Submit completed form and \$5 per transcript requested to the Registrar.

Number of copies: _____ Mail: _____ Hand Carry: _____

Official/Sealed: _____ Unofficial/Unsealed: _____

Pupil's Name _____ Date of Birth _____ Year of Graduation/Withdrawal _____

Complete if transcripts are to be mailed

Authorization is hereby given for transfer of school transcript of the above pupil to:

School: _____

Attention: (i.e. Admissions, etc.) _____

Address: _____

City: _____ State: _____ Zip: _____

Check here if additional copies are to be sent. Please list additional addresses on back of page.

Signature of Requesting Party

Date of Request: _____

For Office Use:

Fee Paid: _____

Date Completed: _____