

# Excelsior School

## Transcript Request Form

41 W Santa Clara Street. Arcadia, CA 91007 Tel: (626) 623-6339 Fax: (626) 623-6293

www.ExcelsioreCampus.com

Complete all seven items and return to the above addresses. Please print legibly.

1. Student Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_

2. Student Number: \_\_\_\_\_  
School Year: \_\_\_\_\_

3. Home Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_

4. Parent/Guardian Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_

5. Parent/Guardian Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_

6. Parent/Guardian Phone: \_\_\_\_\_  
Home: \_\_\_\_\_  
Work: \_\_\_\_\_  
Cell: \_\_\_\_\_

7. Parent/Guardian Email: \_\_\_\_\_  
Home: \_\_\_\_\_  
Work: \_\_\_\_\_  
Cell: \_\_\_\_\_

8. Parent/Guardian Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

9. Student Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

10. School Year: \_\_\_\_\_

11. Student ID Number: \_\_\_\_\_

12. Student Address: \_\_\_\_\_

13. Student City: \_\_\_\_\_

14. Student State: \_\_\_\_\_

15. Student Zip: \_\_\_\_\_

16. Student Phone: \_\_\_\_\_

17. Student Email: \_\_\_\_\_

18. Student Signature: \_\_\_\_\_

19. Student Date: \_\_\_\_\_

20. Student Address: \_\_\_\_\_

21. Student City: \_\_\_\_\_

22. Student State: \_\_\_\_\_

23. Student Zip: \_\_\_\_\_

24. Student Phone: \_\_\_\_\_

25. Student Email: \_\_\_\_\_

26. Student Signature: \_\_\_\_\_

27. Student Date: \_\_\_\_\_

28. Student Address: \_\_\_\_\_

29. Student City: \_\_\_\_\_

\*\*\$20 for each replacement transcript.