



Modesto Christian School
5755 Sisk Road
Modesto, CA 95356
209.529.5510

Modesto Christian High School Request for Transcript

Date of Request _____ Graduation Year _____

Student Name (Print) _____

Phone Number _____ Email: _____

Requesting (\$5 per copy)

_____ Official Transcript

_____ Standard Transcript

_____ Standard Transcript, Second Copy for Personal Use

Would you like the transcript to be mailed? If so, complete this section:

Name of Institution _____

Attention: _____

Address: _____

City _____ State _____ Zip _____

If you would like to have the transcript available for pickup in the main office, please completed the following:

Date and time for pick-up: _____

Would you like a call to confirm when the transcript was mailed? Yes No

Student Name (print) Signature Date

<i>For Office Use</i>	<i>Follow Through:</i>
Request Received on: _____	Transcript mailed on: _____
Received by: _____	Date phone call made: _____
Transcript fee received: _____	Completed by: _____