



Vasquez High School Request for Transcripts

Student Name: _____ Date: _____
Print Last (maiden) First Middle

Birthdate: _____ Telephone: _____ E-mail _____

Address: _____
City State Zip

Presently attending Vasquez High School? Yes No

Year Graduated: _____ If not, year you would have graduated: _____

Quantity: _____ Official Unofficial Pick up Mail

Mail to: Name: _____

Address City State Zip

Signature: _____ Requests processed within 48 Hours

Office Use Only

Fee: _____ Paid NC Date completed by Registrar: _____