



Official Transcript Request

Corona High School

Complete this Form. (Parent signature required if the student is younger than 18.)

Student Last Name: _____

Student First Name: _____

Student ID Number: _____

Student Grade Level: _____

Date: _____

Name of College or Organization: _____

Address of College or Organization

Street Number and Name or PO Box: _____

City, State and Zip Code: _____

I would like to have it sent: (Check Only One)

- Immediately
- At End of First Semester (After Grades are Posted)
- At End of Second Semester (After Grades are Posted)

Parent Signature (Student Younger than 18)

Student Signature

OFFICE USE ONLY

Date Received: _____ Date Processed: _____

Processed by: _____