



# TRANSCRIPT REQUEST FORM

Please mail, email, or fax completed form to:  
Mercy High School, Registrar's Office, 3250 19th Ave, San Francisco, CA 94132  
vzermani@mercyhs.org | Fax 415-334-9726

Name: \_\_\_\_\_

Name as Enrolled: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Student ID#: (optional) \_\_\_\_\_

Graduation Year or Attendance Years: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Total # of Transcripts requested: (limit 5 per address)	_____	# of Official:*	_____
		# of Unofficial:	_____

**I WILL PICK UP MY TRANSCRIPT**  
Email notification sent when ready.

Please mail to:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Business

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Name

\_\_\_\_\_  
Business

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

Please email a copy of my unofficial transcript to: \_\_\_\_\_

Please FAX a copy of my unofficial transcript to number: \_\_\_\_\_

**\*Official transcripts are only available in hard copy form, so may not be emailed or faxed.**

STUDENT SIGNATURE

DATE

*\*Please allow 5 business days (from date received) for processing.*

Office Use Only:

Date Completed:
Signature: