



Monte Vista Christian School

Transcript Request Form

Mail Transcript Requests To: MVCS, ATTN: Transcripts - 2 School Way - Watsonville, CA 95076

Fax Transcript Requests to: 831-722-8611, ATTN: Transcripts

Email Transcript Requests to: kendalellison@mvcs.org

For More Information, Contact: Kendal Ellison, Registrar
831-722-8178 ext.116 or kendalellison@mvcs.org

LAST NAME IN HIGH SCHOOL:

FIRST NAME:

CURRENT NAME, IF DIFFERENT FROM ABOVE:

DATE OF BIRTH:

TELEPHONE NUMBER:

EMAIL:

GRADUATION YEAR (if applicable):

YEARS ATTENDED (i.e. 2009 - 2011):

DOCUMENTS NEEDED: (indicate # of each on the lines provided)

OFFICIAL TRANSCRIPT (signed, embossed with MVCS seal, in sealed envelope)

TRANSCRIPT – FAXED (signed but not embossed)

UNOFFICIAL TRANSCRIPT (Reference copy only)

OTHER (explain)

SEND TRANSCRIPTS VIA:

FAX

ATTN:

Fax #:

EMAIL

Email address:

ATTN:

MAIL Please complete the following information (*For more than one address, attach add'l sheets as needed):

Company/School:

ATTN:

Address:

City:

State:

Zip code:

PICK-UP IN PERSON (Transcript available in Student Services)

SIGNATURE:

DATE: