



# SAN GABRIEL ACADEMY TRANSCRIPT REQUEST FORM

8827 E. Broadway. San Gabriel, CA 91776 (626) 292-1156 www.sangabrielacademy.org

## STUDENT INFORMATION

Last Name	First	Middle	Name Used
Address (Street or PO Box)		City	State Zip
Telephone Number	Birthdate (MM/DD/YYYY)		
First Year Attended	Last Year Attended	Year of Graduation	

## SEND OFFICIAL TRANSCRIPT TO:

School Name	Telephone Number
Address (Street or PO Box)	City State Zip

IF SECOND TRANSCRIPT IS REQUESTED

School Name	Telephone Number
Address (Street or PO Box)	City State Zip

## PAYMENT INFORMATION

Payment Method:

- Cash  
 Check

\_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
TOTAL REQUESTS \*COST PER TRANSCRIPT TOTAL PAYMENT DUE

Send payment request to:

ATTN: Registrar  
San Gabriel Academy  
8827 E. Broadway  
San Gabriel, CA 91776

\* For regular processing (1 week), current students will not need to pay. Graduate students are charged \$5 per transcript. For Rush Service (2 days), the cost for all students (graduates or current) is \$7. For immediate service, the cost for all students (graduates or current) is \$20.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Legal Guardian Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

Transcripts cannot be released without written consent of the student or the parent if the student is under the age of 18.