



Conejo Valley High School

Home of the Dragons

**Request for Transcript – Please email your request to ecole@conejousd.org
or fax to (805) 413-8399**

Fee: \$5.00 (Cash or money order only)

To Be (✓ one): Mailed: _____ Picked up: _____ Pick up date requested: _____

Check (✓ one): Official (sealed): _____ Unofficial (for personal records): _____

Student's Name: _____

Student's Date of Birth: _____ Student's ID (if known) _____

Graduation Date: _____ Current Phone #: _____

Please print the address(es) to which you want the transcript to be mailed:

Name of School or Institution: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

In accordance with Public Law 93-380, Section 438, I hereby ask Conejo Valley High School to release or mail a transcript of my credits earned.

Signature: _____ Date: _____

For office use only:

Paid _____ Done _____ Mailed _____ Picked up _____