



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

For More Information, Contact: Venessa Gutierrez, Registrar, 831-768-6116

venessagutierrez@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:

Company/School: _____

Attn: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____