



ALUMNI TRANSCRIPT REQUEST

The fee is \$5.00 for each transcript

Transcripts will be process in 5 business days after submission

Please send request via email to:

Rose.russo@mvla.net

Send the following information:

- (1) completed Alumni Transcript Request form (this form)
- (2) copy of your Driver's License or State ID or Passport
- (3) Credit Card Information
- (4) Address or email address to send your transcript

I hereby authorize Mountain View High School to release my transcript and charge my credit card for \$_____
 _____ *(initial here)*

Type of Card (check one)

Visa
 MasterCard
 Amex
 Discover

Credit Card #: _____

Expiration Date: _____

CVV # : _____ (3 digit number located on the back of your card)

STUDENT NAME (while attending MVHS)

Date of Birth:

Graduation Year:

If non-graduate, last year attended:

Signature

Phone #

Date