650-940-4600

# ALUMNI TRANSCRIPT REQUEST The fee is \$5.00 for each transcript

## PLEASE ALLOW 5 BUSINESS DAYS FOR PROCESSING

#### Please send this request via fax or scanned email or mail with the following:

- (1) completed Alumni Transcript Request form (this form)
- (2) copy of your Driver's License or State ID or Passport
- (3) form of payment

# Paying by Check or money order, mail to: (payable to MVHS)

Mountain View High School Attn: Bertha Cornelio 3535 Truman Avenue Mountain View, CA 94040

## Paying by credit card:

Fax to 650.960.0418 OR

Scanned and email to: bertha	a.cornelio@mv	la.net		
I hereby authorize Mount (initial here)	ain View Hig	h School to charge n	ny credit card	for \$
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 Last	ng MVHS or Awa	alt High School)  Middle		
Date of Birth:/ Month Day	Year	duation Year:		
If non-graduate, last year attend	ed:			
MVHS WILL MAIL YOUR TRAN	ISCRIPT DIREC	TLY TO:		
NAME OF INSTITUTION:				
ADDRESS:				
CITY, STATE ZIP CODE:				
I hereby authorize Mount named institution.	ain View Hig	h School to release n	ny transcript to	o the above
Signature		Phone #		Date