



[Empty rectangular box for student information]



Unofficial Transcripts MUST be requested at the Counseling Office

Last Name First Middle Tel. Number
(Maiden Name)

Allow 3-5 Business Days (NO RUSH ORDERS)

Student ID#: _____

Date of Birth: _____

Year Graduated: _____

Will Graduate: _____

Withdrew/Dropped: _____

Total Number of Official Transcripts Requesting: _____

Return to Registrar's Office:

- I would like to pick up my Official Transcripts from the Registrar's Office
- I would like SBHS to send my transcript to the following school (PLEASE include School name and complete Address -as shown below):

**Santa Barbara High School
Attn: Registrar's Office
700 E. Anapamu St.
Santa Barbara, Ca. 93103**

**Office of Admissions
1210 Cheadle Hall
UC Santa Barbara
Santa Barbara, CA 93106-2014**

Signature: _____ Date: _____

**-\$7.00 per Transcript- Cash/Checks Only-
Transcript will NOT be printed until payment has be received**

****Office Use Only****

Processed by: _____ Date Received: _____