

Pacific View Charter 2.0
Registrar
115 Henderson Street
Eureka, CA 95501
Phone (707) 269-9490 Fax (707) 269-9491

TRANSCRIPT REQUEST

Date of Request: _____ Year of Graduation: _____

Name at the time you attended PVCS: _____

Date of Birth: _____ Phone Number: _____

Please select from the following options:

☐ Pick up my transcript(s) in the Registrar's office at PVCS. Number of copies needed: _____

☐ Send electronically to the following college or university :

☐ Fax transcript to : _____

Fax #: _____

☐ Mail transcript to : _____

☐ Email transcript to : _____

Email address: _____

I understand that my transcript includes the following: grades, credits, class rank, grade point average, standardized test results and AP scores.

Student signature (parent may sign if student is under 18)