



# WATSONVILLE/APTOS/SANTA CRUZ ADULT EDUCATION

A DIVISION OF THE PAJARO VALLEY UNIFIED SCHOOL DISTRICT

## TRANSCRIPT REQUEST

There is a **\$10.00 fee** to process transcripts. Please allow 3 working days to process your request. An additional \$5.00 will be charged to expedite your request, depending on Registrar availability. You may pay by credit card and fax form to us at (831) 722-2749 or mail form with payment to: 294 Green Valley Road, Watsonville, CA 95076.

\_\_\_\_\_  
Last name First Middle

\_\_\_\_\_  
Other name(s) by which enrolled Date of Birth Last 4 digits of SSN#

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Records requested:  High School Diploma Transcript

Phone Number  GED Score report

\_\_\_\_\_  
Year(s) of attendance Date Completed  Specific class \_\_\_\_\_

Comments: \_\_\_\_\_

### Payment Method:

CHECK  CREDIT CARD (Please fill out box below for credit card information)

### Send transcripts to:

Student will pick up records (Please bring proper identification)

Send transcripts to: \_\_\_\_\_  
Name of Institution/Agency/Person

\_\_\_\_\_  
Address City/State Zip Code

I give permission to the Watsonville/Aptos/Santa Cruz Adult Education to release my High School Diploma/GED Records transcript.

\_\_\_\_\_  
Signature of Student

### VISA & MASTERCARD

To fax your credit card information to us, please complete the form below and fax it to us at (831) 722-2749.

CREDIT CARD NUMBER: \_\_\_\_\_ EXP. DATE \_\_\_\_/\_\_\_\_

CARDHOLDER NAME AND BILLING ADDRESS SECURITY CODE # \_\_\_\_\_

Name \_\_\_\_\_ (As it appears on the credit/debit card)

Address \_\_\_\_\_ (As it appears on the credit/debit card)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

EXACT PAYMENT AMOUNT AUTHORIZED: \$ \_\_\_\_\_

X \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Authorized Signature Date Phone Number