



# Sonoma Valley High School Transcript Request

DATE: \_\_\_\_\_ GRADUATION YEAR: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

Please send \_\_\_\_\_ copies of my transcript to:

**\*If you do not include the College/School address – you will delay the process.  
Be sure to include the address of where you want the transcript sent. Thank you.**

\_\_\_\_\_  
(Registrar, Office of Admissions, etc.)

\_\_\_\_\_  
(College, School, Organization)

\*  
\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State, Zip)

Please send:             Official                             Unofficial

Check appropriate box:    Now             7<sup>th</sup> Semester             Final

Questions? Contact: [Amber McCann-Howlett](#), Registrar (707) 933-4009