

# Requesting High School Transcripts

Please note: Requests are processed within 48 hours after date of receipt.

Transcripts for previous students are \$3.00 per copy (cash, Cashier's Check, or Money Orders only). Graduation verification from third parties (such as background checks) are also \$3.00.

To request your transcript in person please come into the records office located at the address below. Our office hours are from 8:00 a.m. to 4:00 p.m., Monday through Friday. Please bring a photo I.D.

To request transcripts through the mail please mail the form below and include the following with your request:

- **Copy of picture I.D.**
- **\$3.00 Cashier's Check or Money Order made out to Santa Maria High School.**

Please send requests to: Santa Maria High School  
Attn: RECORDS OFFICE  
901 S. Broadway Santa  
Maria, CA 93454

If you would like to have someone come into our office to either pay for and/or pick-up your transcript you may email your request along with a scanned photo I.D. and the name of the person who will be coming in to [smhs-records@santamariahighschool.org](mailto:smhs-records@santamariahighschool.org).

<b>Must fill out/Debé completar</b> <input type="checkbox"/> Transcript/ <i>Boleta Académica</i> _____ Official/ <i>oficial</i> _____ Unofficial/ <i>no oficial</i>  <input type="checkbox"/> Student Data Printout <input type="checkbox"/> Other/ <i>Otro</i> :
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## *Santa Maria High School*

### **Request for Records Solicitud de Archivos**

\$3.00 charge each official transcript  
*\$3.00 por cada boleta académica*

<b>**Office Use Only**</b> Fees Owed: _____ Staff: _____ ID Verified: <input type="checkbox"/> Transcript fee: _____
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_____	_____	_____	_____
Last Names/ <i>Apellidos</i> <i>(Maiden Last name/Apellido de Soltera)</i>	First Name/ <i>Primer Nombre</i>	Student #/ <i>No. Estudiantil</i>	Date/ <i>Fecha</i>
_____	_____	_____	_____
Birthdate/ <i>Fecha de Nacimiento</i>	Phone #/ <i>no. de telefono</i>	Grad year or Last year attended <i>Año de Graduación o último año que asistió</i>	
<b>Signature of person requesting records:</b> _____ <i>Firma de persona que solicita los archivos</i>			

\*\*\* Will records be picked up/Recojeran los archivos?  Yes/Sí  No \*\*\*  
Complete below only if records will be mailed/Complete abajo solamente si se van enviar

Mail to/*Nombre de Lugar*: \_\_\_\_\_  
Street Address/*Domicilio*: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
*Ciudad, Estado, Código Postal*

\_\_\_\_\_ I authorize/Yo autorizé \_\_\_\_\_ to pick-up my records/que obtenga mis archivos.  
*Initials/Iniciales* *Name/Nombre*