

# HIGH SCHOOL TRANSCRIPT REQUEST FORM

(Please submit this form to your school's records office.)

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please fax, email, or mail a copy of the following to Pacific Union College:**

1. Current high school transcript and any other educational records
2. ACT and/or SAT scores

Thank you!



Pacific  
Union  
College

1.800.862.7080,  
option 2  
Fax: 707.965.6671

One Angwin Avenue  
Angwin, California 94508  
enroll@puc.edu