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

High School Transcript Form 8-26-2014