

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

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