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!