

# LISA KAMPNER HEBREW ACADEMY HIGH SCHOOL

## REQUEST FOR TRANSCRIPT

**Students: Please type or print the following information, sign and mail with payment to:**

**Lisa Kampner Hebrew Academy High School Transcripts, P.O. Box 8752, Santa Rosa, CA 95407**

Student's Full Name: \_\_\_\_\_  
(at the time of graduation)                      LAST                      FIRST                      MIDDLE

Telephone No.: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**Fees must be paid by money order when Transcript Request is submitted**

**NOTE: Please allow 30 days for normal transcript processing. Rush orders will be processed within one week of receipt of Transcript Request.**

**Do not send Transcript Request by certified mail (or by any other method requiring the receiver to sign for it) if you are requesting a 'Rush' order.**

- |                          |  |          |
|--------------------------|--|----------|
| <input type="checkbox"/> | First transcript   | \$ 25.00 |
| <input type="checkbox"/> | Each additional transcript ordered at this same time: \$5.00 | \$ _____ |
| <input type="checkbox"/> | Rush fee: \$20.00  | \$ _____ |
|                          | Total amount due for current order:                          | \$ _____ |

Please provide complete address(es) to which transcripts are to be sent (Please print):

Send to: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State Zip \_\_\_\_\_

Number of transcripts to be sent to this address: \_\_\_\_\_

Send to: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State Zip \_\_\_\_\_

Number of transcripts to be sent to this address: \_\_\_\_\_

Send to: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip, \_\_\_\_\_

Number of transcripts to be sent to this address: \_\_\_\_\_

Student Signature \_\_\_\_\_

**NOTE: Student MUST sign Transcript Request**