

Request for FAME High School Transcript

Date: _____

Student's Full Name: _____

Student's Date of Birth: _____

Student's Current Address: _____

Student's Telephone Number: _____

Name and address where transcript is to be sent:

Name of Requesting Institution: _____

Address of Institution: _____

Number of copies: _____

*Parent/Guardian Signature:

Student Signature:

Fax Request to: 510-687-9185 AND/OR

Mail original request to: FAME Public Charter School, 39899 Balentine Dr., Ste. 335, Newark, CA 94560

*Required if student is under 18 years of age

Allow at least five business days for processing