



Request for FAME High School Transcript

Date: _____

Student's Full Name: _____

Student's Date of Birth: _____

Student's Current Address: _____

Student's Telephone Number: _____

Number of Unofficial Copies _____ (unofficial copies will be sent to the address above and as instructed below)

Number of Official Copies _____ (if you are requesting transcripts to be sent to a number of institutions please include additional addresses on the back of this form.)

For official copies, complete the next section with the name and address where transcript is to be sent:

Name of Requesting Institution: _____

Address of Institution: _____

If you or the requesting institution will accept an unofficial (not sealed, not signed) transcript via fax, then please enter the fax number and contact information below:

Fax # of requesting institution: _____

To whose attention should this be faxed: _____

Parent/Guardian Signature:
(Required if student is under 18 years of age)

Student Signature:

Please **Fax** Request to: (510) 687-9574
OR **Mail** original request to: FAME Public Charter School
39899 Balentine Dr. Suite 335, Newark, CA 94560
Tel: 510-687-9111

Allow at least five business days for processing.