



Sonoma Valley High School Transcript Request

DATE: _____ GRADUATION YEAR: _____

NAME: _____

ADDRESS: _____

TELEPHONE: _____

Please send _____ copies of my transcript to:

***If you do not include the College/School address – you will delay the process. Be sure to include the address of where you want the transcript sent. Thank you.**

(Registrar, Office of Admissions, etc.)

(College, School, Organization)

*

(Street Address)

(City, State, Zip)

Please send: Official Unofficial

Check appropriate box: Now 7th Semester Final

Questions? Contact: [Kyra Halkovich](#), Registrar (707) 933-4009