



Half Moon Bay High School

Cabrillo Unified School District
Lewis Foster Drive, Half Moon Bay, CA. 94019
650 712-7200 • hmbhs.schoolloop.com

TRANSCRIPT REQUEST

PLEASE RETURN THIS FORM TO THE OFFICE OF THE REGISTRAR, MARIANNE ALVAREZ

Last Name: _____ First Name: _____
(Name used while attending HMBHS)

Mailing Address: _____

Telephone: _____ Dates of attendance or graduation: _____

Date of Birth: _____
month/date/year

**TRANSCRIPTS are \$5.00 each. Allow one week for processing & mailing.
Cash or checks only.**

Please make checks payable to *Half Moon Bay High School*.

Number Requested: _____ **Total Payment:** _____

Send Transcripts **Immediately** **Hold for final semester grades**

Send Transcripts to:

Signature _____

Date: _____

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For Office Use: Date Mailed _____ By: _____