

ST. PATRICK-ST. VINCENT HIGH SCHOOL  
1500 Benicia Road  
Vallejo, CA 94591  
(707) 644-4425 • Website: www.spsv.org

TRANSCRIPT/DIPLOMA REQUEST FORM

I am requesting \_\_\_\_ transcript(s) @ \$5.00 each  
I am requesting a copy of my diploma @ \$30.00 each  
(Diplomas are printed offsite and can take 3-6 weeks to arrive)

Are you currently enrolled at SPSV High school?  YES  NO If yes, Grade: \_\_\_\_\_

TRANSCRIPT REQUESTED:  OFFICIAL  UNOFFICIAL  OFFICIAL with Special Instructions

College/Organization: \_\_\_\_\_

Contact Name at College/Organization: \_\_\_\_\_

College/Organization address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Special Instruction: \_\_\_\_\_

**Transcript/Diploma requested by: (Please print)**

Current Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Name used while attending our school: \_\_\_\_\_

School attended (check one)  ST. PATRICK-ST. VINCENT  ST. PATRICK  ST. VINCENT

Did you graduate from our school?  No  Yes If yes, year of graduation: \_\_\_\_\_

Dates of attendance (month/ year): from: \_\_\_\_\_ to \_\_\_\_\_ Birth date: (MM/DD/YY): \_\_\_\_\_

Your current mailing address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Please provide contact source(s) so that you may be reached if there is an issue when processing your transcript:**

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Day time phone number (include ext# if applicable) Cell number

(\_\_\_\_\_) \_\_\_\_\_ E-mail address: \_\_\_\_\_  
Evening phone number

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit completed request form to Patty Delgado, Registrar** at the school office or by mail at the address above.