

Transcript Request Form

John F. Kennedy High School: ____

Harry Ells High School: ____

Name while attending:

Date of birth:

Year of graduation:

Date requested:

Phone number:

Email:

Official: ____ Unofficial: ____

Please send this document to: kennedyeagles@wccusd.net

Please allow five business days for your request to be processed. At the time of pick up, please bring a valid id and \$6.00 dollars for each official and \$2.00 for each unofficial copy.

If you are a current Kennedy student, and need a transcript sent to a college/university or a scholarship program, please be sure to indicate that in your message.

Registrar
(510)231-1433 ext. 25814
kennedyeagles@wccusd.net