



**San Marcos Adult School**  
158 Cassou Road  
San Marcos, CA 92069

**Transcript Request Form**

Transcript Request Fax # (760) 736-2221

PLEASE PRINT

Name (current): \_\_\_\_\_

Name (used while attending SMAS): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Last year attended SMAS (if known): \_\_\_\_\_

Contact phone number: \_\_\_\_\_

Student signature: \_\_\_\_\_

Where to send transcript (address or fax#):

- There is no fee for regular transcript processing.
- All financial obligations must be cleared before transcript issued.
- Transcripts will be issued only to the student or to the student's representative with a written release and student's signature.