



Oregon City High School

# ALUMNI/GRADUATE TRANSCRIPT REQUEST FORM

**\*\*Please allow 24 hours to locate your transcript and process your request\*\***

**FEE IS \$5.00 PER TRANSCRIPT COPY**

**LEGAL NAME WHILE ATTENDING** \_\_\_\_\_

**GRADUATION YEAR** \_\_\_\_\_ **BIRTHDATE** \_\_\_\_\_

**TRANSCRIPT TYPE:**

(Please choose one)

- UNOFFICIAL       OFFICIAL  
(Signed and Sealed)

**DELIVERY INFORMATION:**

(Please select options and provide complete mailing details)

**Mail to College/University/Scholarship**

Institution Name: \_\_\_\_\_

Attention To: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

**Mail to my home**

Attention To: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

**I will pick it up**       **Other:** \_\_\_\_\_  
\_\_\_\_\_

**I authorize Oregon City High School to release my transcript(s) to the requested locations.**

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

Please mail completed & signed request form with money to:

Oregon City High School  
Attn: Accounting Office  
19761 S Beaver Creek Road  
Oregon City, OR 97045

<p><b>OCHS Office Use Only</b>  Date Completed:  ____/____/____</p>
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