



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

OCHS Office Use Only
Date Completed:
____/____/____