Transcript Request Form

Note: If under the age of 18, a parent/guardian must complete

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Name

give permission to the Orrick R-XI School District to send a copy of my current official transcript to the following address:

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Date Requested |  |  |
|  |  |  |
| Name of Institution |  | Date of Birth |
| Address |  |  |
| City, State, Zip |  | Daytime Phone |
|  |  |  |
| Send by (Check all that apply) |  |  |
| \_\_\_\_\_\_ Fax \_\_\_\_\_\_ Email \_\_\_\_\_\_Mail \_\_\_\_\_\_Pick-Up | | |
| Fax #: |  |  |
|  |  |  |
| Email Address: |  |  |
|  |  |  |
| Additional Information: |  |  |
|  |  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Parent Signature if student is not 18