



Oregon City High School

**ALUMNI/GRADUATE/PREVIOUS STUDENT  
TRANSCRIPT REQUEST FORM**

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

**TRANSCRIPTS CAN ONLY BE REQUESTED BY STUDENT OF RECORD**

**Legal Name While Attending** \_\_\_\_\_

**Graduation Year** \_\_\_\_\_ **Birthdate** \_\_\_\_\_

**Current Phone #** \_\_\_\_\_

**Transcript Type:** \_\_\_\_\_ UNOFFICIAL \_\_\_\_\_ OFFICIAL  
Please indicate amount next to the type. (\$5/Copy) (Signed and Sealed-\$5/Copy)

**Delivery Information:**  
Please select options and provide complete mailing details.

**Mail to:**  
Institution Name: \_\_\_\_\_  
Attention To: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

**Other:** \_\_\_\_\_

**I will pick it up.**

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

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

Please **mail** signed & completed request form with money to:

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

**OCHS Office Use Only**  
Date Completed:  
\_\_\_\_/\_\_\_\_/\_\_\_\_