

**ASHLAND HIGH SCHOOL
Ashland, Oregon
TRANSCRIPT REQUEST FORM FOR FORMER STUDENTS**

STUDENT'S NAME: _____
(while attending high school)

DATE: _____ **Contact Phone Number:** _____

STUDENT'S SIGNATURE: _____
(Once you are 18 years old, you are the custodian of your own records and we need your permission to release anything regarding you and your school attendance history.)

YEAR OF GRADUATION: _____ **DOB:** _____ **SS#:** _____
(Only last 4 digits)

SCHOOL(S), SCHOLARSHIP(S), or PROGRAM(S) TO RECEIVE TRANSCRIPT:
(Each transcript we provide will cost \$4.00. Mail check or money order in with this form or call 541-482-8771 x2100 to pay by credit card.)

_____ (signature)
Sign here if you want SAT & ACT test scores included from AHS. We can only send all of the scores. If you want to implement Score Choice w/SAT then contact them separately via their Web site (<https://collegereadiness.collegeboard.org/sat>).

REGISTRAR OFFICE: Please do the following with my transcript:

_____ **Hold it for me to pick up in the Main Office.**

_____ **Please, mail my transcript directly to the college at this address:**
(Feel free to attach a sheet if you have multiple addresses.)

Give or mail this completed form to the main office and allow at least two days for your request to be processed once we have received it. You may also email your request to:
tess.razzano@ashland.k12.or.us OR janet.villanueva@ashland.k12.or.us

201 S. Mountain Ave., Ashland, Oregon 97520 – fax Number: 541 482-2172
Main Office - 541 482-8771

***This form is for people who are former AHS students.**