

**CURRENT STUDENT**

**Ashland High School Transcript Request Form**

**Please allow 2 days for the request to be processed**

Student Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

- Current Grade:      09<sup>th</sup>                  10<sup>th</sup>                  11<sup>th</sup>                  12<sup>th</sup>
- Contact Phone: \_\_\_\_\_
- Contact Email Address: \_\_\_\_\_

Official    Unofficial

**School, Scholarship or Program to receive transcript**

<p>Is this for an OSAC application?</p> <p>No</p> <p>Yes</p>
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REGISTRAR OFFICE—please do the following with my transcript:

Mail it directly to the college

Hold it for me to pick up in the main office

Call me when it is ready at this number:

Email me it to me at this email address:

Mail it to me at this address:

**Give this completed form to the main office and allow at least two days for processing.**

**Ashland High School 201 S. Mountain Ave. Ashland, OR 97520**

**or call 541 482 8771 x 2100**

**You may also email questions and requests to [Janet.Villanueva@ashland.k12.or.us](mailto:Janet.Villanueva@ashland.k12.or.us)**