

**FORMER STUDENT**  
**Ashland High School Transcript Request Form**  
**Please allow 2 days for the request to be processed**

	Office Use	
	Amount Due	
	Perm Rec	
	Paid	

Student Name (while attending school): \_\_\_\_\_

- Today's Date: \_\_\_\_\_
- Graduation Year: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Contact Phone: \_\_\_\_\_
- Contact Email Address: \_\_\_\_\_

<u>Official</u>	<u>Unofficial</u>	<u>School, Scholarship or Program to receive transcript - \$4.00 each</u>

**REGISTRAR OFFICE-- please do the following with my transcript:**

	<b>Mail it directly to the college</b>
	<b>Hold it for me to pick up in the main office</b>
	<b>Call me when it is ready at this number:</b>
	<b>Email me it to me at this email address:</b>
	<b>Mail it to me at this address:</b>

**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)**