

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

	Office Use	
	Amount Due	
	Perm Rec	
	Paid	
	OSAC	

Student Name: _____ Today's Date: _____

- Grade (circle one) 9 10 11 12
- Contact Phone: _____
- Contact Email Address: _____

<u>Official</u>	<u>Unofficial</u>	<u>School, Scholarship or Program to receive transcript</u>

<p>Is this for an OSAC application?</p> <p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p>
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REGISTRAR OFFICE-- please do the following with my transcript:

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