

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: _____

Official Unofficial School, Scholarship or Program to receive transcript - \$4.00 each

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