El Dorado Union High School District Oak Ridge High School **Request for Transcripts**

•	•	ted to be sent by US mail to properly addressed envelor	-		s, or to other orga	inizations:	
•		will be charged to current	•	a bearage.			
		ceive the first two copies of	f their transcript	free of charge	e. Additional copie	s for graduates are	
\$1.00 ease a		e stamped addressed envel	lope(s) to this <i>Re</i>	eauest for Trai	nscripts form.		
Student Name: (Name used in High School)		,	<u> </u>		Today's Date:		
Student Date of Birth:			Student I	D#:			
Student Phone#:				Year of Graduation:			
ι	J.C. and	C.S.U. Campuses- DO NO	T NEED TRANS	CRIPTS SENT	WITH APPLICAT	TION	
✓ Select One:	☐ Cur	rent Transcript					
	□ RUS	SH: Current Transcript:	Reason:				
	\square Mid	-Year Report – after First Se	emester grades a	re recorded			
	☐ Fina	ıl Transcript – After graduat	ion / second sen	nester, grades	are recorded.		
✓ Needed for:	☐ Coll	ege	☐ Employment				
	☐ Sch	olarship	☐ Other				
Number of Transcripts Needed:			Official:		Unofficial:		
✓ Choose One:	_	Pick up at school					
· Choose one.		Mailing requested					
			, name of institu	tion and cont	act nerson)		
		Name of Institution:	, name or mstitu	tion, and cont	act person,		
		Name of Contact: Fax Number/Email:					
	Please at	tach the stamped addresse	ed envelope(s) to	this <i>Request</i>	for Transcripts fo	rm.	
	Mai	il Transcript(s) to: Name of S	School/Program,	Address, City,	State, Zip Code		
1.			2.				
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		FC	OR OFFICE USE ONLY	1			

FOR OFFICE USE ONLY											
Date Mailed		Initials		Fee's Paid		Initials					