

OHS STUDENT SERVICES

A charge of \$5.00 will be made for each transcript requested after the graduation date.

NAME: _____ STUDENT ID# _____

(please print clearly)

SEND TRANSCRIPT TO: _____

ADDRESS: _____

STUDENT SIGNATURE: _____

(TRANSCRIPTS WILL NOT BE PROCESSED WITHOUT STUDENT SIGNATURE)

DID YOU ATTACH AN APPLICATION? YES _____ NO _____

DATE OF BIRTH: _____ DATE OF GRADUATION _____

PLEASE ALLOW THREE DAYS FOR ALL REQUESTS.

OHS STUDENT SERVICES

A charge of \$5.00 will be made for each transcript requested after the graduation date.

NAME: _____ STUDENT ID# _____

(please print clearly)

SEND TRANSCRIPT TO: _____

ADDRESS: _____

STUDENT SIGNATURE: _____

(TRANSCRIPTS WILL NOT BE PROCESSED WITHOUT STUDENT SIGNATURE)

DID YOU ATTACH AN APPLICATION? YES _____ NO _____

DATE OF BIRTH: _____ DATE OF GRADUATION _____

PLEASE ALLOW THREE DAYS FOR ALL REQUESTS.