

OHS STUDENT SERVICES

Transcript request for currently enrolled students

FOR OFFICE USE ONLY: DATE RECEIVED: _____ DATE SENT: _____

NAME: _____ ID # _____

(please print clearly)

SEND TRANSCRIPT TO: _____

COLLEGE ADDRESS: _____

INTENDED COLLEGE MAJOR: _____

STUDENT SIGNATURE: _____

(TRANSCRIPT WILL NOT BE PROCESSED WITHOUT STUDENT SIGNATURE)

DID YOU APPLY ONLINE? YES ___ NO ___ APPLICATION ATTACHED? YES ___ NO ___ CHECK ATTACHED? YES ___ NO ___

DOES THIS APPLICATION REQUIRE A RECOMMENDATION? YES ___ NO ___

IF REQUIRED, HAVE YOU REQUESTED A RECOMMENDATION? _____ FROM WHOM? _____

ARE RECOMMENDATIONS BEING SENT TO STUDENT SERVICES TO BE INCLUDED WITH YOUR TRANSCRIPT? YES ___ NO ___

WHAT IS THE DEADLINE DATE? _____

PLEASE ALLOW THREE DAYS FOR ALL REQUESTS.

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