

**ASHLAND HIGH SCHOOL
Ashland, Oregon
TRANSCRIPT REQUEST FORM
ALLOW 2 DAYS FOR THE REQUEST TO BE PROCESSED**

STUDENT'S NAME: _____

TODAY'S DATE: _____

_____ **Check here if for OSAC application.**
You must register on their Web site first.

SCHOOL(S), SCHOLARSHIP(S), or PROGRAM(S) TO RECEIVE TRANSCRIPT:

_____ (signature)

Sign here if you want SAT & ACT test scores included from AHS. We can only send all of the scores. If you want to implement Score Choice w/SAT then contact them separately via their Web site (<https://collegereadiness.collegeboard.org/sat>).

MAIN OFFICE: Please do the following with my transcript:

_____ **Hold it for me to pick up in the Main Office.**

_____ **Please, mail my transcript directly to the college at this address:**
(Feel free to attach a sheet if you have multiple addresses to mail to.)

**GIVE THIS COMPLETED FORM TO THE MAIN OFFICE AND ALLOW AT LEAST TWO DAYS
FOR YOUR REQUEST TO BE PROCESSED.**

*This form is for students who are currently attending AHS.