

FORMER STUDENT
Ashland High School Transcript Request Form
 Please allow 2 days for the request to be processed

	Amount Due	
	Perm Rec	
	Paid	
	Picked up	

STUDENT'S NAME: _____
 (While attending high school)

CONTACT PHONE NUMBER: _____

TODAY'S DATE: _____ **Graduation Year:** _____ **DOB** _____

	Military or family member of an ASD employee?
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Official	Unofficial	School, Scholarship or Program to receive transcript - \$4.00 each

	<p>Check here if you want SAT & ACT test scores included from AHS We can only send <i>all</i> of the test scores. If you want to implement <u>Score Choice</u> with SAT then contact them at https://collegereadiness.collegeboard.org/sat</p> <p>Signature authorizing release of test scores _____</p>
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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:

Mail check along with this form to:
Ashland High School 201 S. Mountain Ave. Ashland, OR 97520
or call 541 482 8771 x 2100 to pay by credit card
You may also email questions and requests to Janet.Villanueva@ashland.k12.or.us