

**ASHLAND HIGH SCHOOL
Ashland, Oregon
TRANSCRIPT REQUEST FORM FOR FORMER STUDENTS**

STUDENT'S NAME: _____
(Maiden name if applicable)

STUDENT'S SIGNATURE: _____
(Once you are 18 years old, you are the custodian of your own records and we need your permission to release anything regarding you and your school attendance history.)

TODAY'S DATE: _____ **DOB:** _____ **SS#:** _____
(Only last 4 digits)

Contact Phone Number: _____ **Phone Type:** _____
(cell, work or land line)

SCHOOL(S), SCHOLARSHIP(S), or PROGRAM(S) TO RECEIVE TRANSCRIPT:
(Each transcript we provide will cost \$5.00. Mail check or money order in with this form)

_____ (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.

REGISTRAR 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 or write on back of this form.)

GIVE OR MAIL THIS COMPLETED FORM TO THE MAIN OFFICE AND ALLOW AT LEAST TWO DAYS FOR YOUR REQUEST TO BE PROCESSED ONCE WE HAVE RECEIVED IT.

***This form is for people who are former AHS students.**

201 S. Mountain Ave., Ashland, Oregon 97520 – fax Number: 541 482-2172
Main Office - 541 482-8771