

OAK RIDGE HIGH SCHOOL  
COUNSELING OFFICE



**TRANSCRIPT REQUEST FORM**

Student Name \_\_\_\_\_ Year Graduated \_\_\_\_\_

Student Phone \_\_\_\_\_ Today's Date \_\_\_\_\_

# of **Un-Official** copies \_\_\_\_\_

# of **Official** copies \_\_\_\_\_

Requested by college or needed for scholarship  
( first 4 are free- \$1.00 for each additional **Official** Transcript)

Pick up at school      YES    NO

Mailing Requested      YES    NO

**If mailing is requested, please list the name and address of the school/home.**

1. \_\_\_\_\_

3. \_\_\_\_\_

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2. \_\_\_\_\_

4. \_\_\_\_\_

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Office Use Only

Date Completed \_\_\_\_\_

Fee \_\_\_\_\_

Initials \_\_\_\_\_

Paid \_\_\_\_\_