

# ASHLAND HIGH SCHOOL

## FORMER STUDENT

### Transcript Request Form



Please allow up to 5 days for the request to be processed.

|                                              |                          |                                                                           |                      |                              |
|----------------------------------------------|--------------------------|---------------------------------------------------------------------------|----------------------|------------------------------|
| <b>Student Name</b> (while attending school) |                          |                                                                           |                      |                              |
| <b>Today's Date</b>                          | <b>Graduation Year</b>   | <b>Date of Birth</b>                                                      | <b>Contact Phone</b> | <b>Contact Email Address</b> |
|                                              |                          |                                                                           |                      |                              |
| <b>Official</b>                              | <b>Unofficial</b>        | <b>School, Scholarship or Program to receive transcript - \$4.00 each</b> |                      |                              |
| <input type="checkbox"/>                     | <input type="checkbox"/> |                                                                           |                      |                              |
| <input type="checkbox"/>                     | <input type="checkbox"/> |                                                                           |                      |                              |
| <input type="checkbox"/>                     | <input type="checkbox"/> |                                                                           |                      |                              |
| <input type="checkbox"/>                     | <input type="checkbox"/> |                                                                           |                      |                              |
| <input type="checkbox"/>                     | <input type="checkbox"/> |                                                                           |                      |                              |
| <input type="checkbox"/>                     | <input type="checkbox"/> |                                                                           |                      |                              |
| <input type="checkbox"/>                     | <input type="checkbox"/> |                                                                           |                      |                              |

**Please do the following with my transcript:**

|                          |                                                     |  |
|--------------------------|-----------------------------------------------------|--|
| <input type="checkbox"/> | <b>Mail it directly to the college</b>              |  |
| <input type="checkbox"/> | <b>Hold it for me to pick up in the main office</b> |  |
| <input type="checkbox"/> | <b>Call me when it is ready at this number</b>      |  |
| <input type="checkbox"/> | <b>Email me it to me at this email address</b>      |  |
| <input type="checkbox"/> | <b>Mail it to me at this address</b>                |  |

Mail a 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

| Office Use |                    |  |
|------------|--------------------|--|
|            | <b>Amount Due</b>  |  |
|            | <b>Perm Rec</b>    |  |
|            | <b>Paid</b>        |  |
|            | <b>OSAC</b>        |  |
|            | <b>Date Mailed</b> |  |

You may also email questions and requests to the registrar:

Jay.Villanueva@ashland.k12.or.us