

Link River Academy 2009 – 2014

Phone: 541-883-4710 Fax: 541-885-4276

Return completed form with a copy of your photo ID and the \$3.00 processing fee to:

Klamath Union High School
Attn: Registrar
1300 Monclaire St
Klamath Falls, OR 97601

Or email to: andersonl@kfalls.k12.or.us

Last Name: _____ First Name: _____ Birth Date: _____

Name While Attending (if different from above): _____ Phone Number: _____

Graduation Year / Last year of Attendance: _____

I am requesting an (please check one): Official Transcript Unofficial Transcript

Please provide a complete mailing address, email address **or** fax number below:

Name of College/University / Other: _____

Attention: _____

Street: _____

City, State, Zip Code: _____

Email Address or Fax Number: _____

Signature: _____

Date: _____

For Office Use Only:

Date Received: _____

Date Processed: _____

By: _____