



Request for Transcripts

Name of Student: _____ Grade: _____

Please complete one form per request.

Please check one:

_____ Request a sealed copy of student transcripts for parent.

OR

_____ Request transcripts to be sent directly to another school.

please select delivery method(s):

U.S. mail _____ Fax _____ Email _____

School Name:

School Mailing Address:

School Telephone and Fax: _____

School Admissions Department Email address: _____

First two requests are free of charge for 8th grade Students / \$5.00 fee for other requests.

By signing below, I grant permission to OLOL to release my child's transcripts to the above-mentioned school.

Signature of Parent

Date

Please include special instructions here:

Office Use Only:

Date Received: _____

Delivered to Administrative Staff Member: _____

\$5 fee billed to student account: _____

Transcript Release Approved: _____

Date Completed: _____