

TRANSCRIPT REQUEST

Today's Date: _____

TRANSCRIPT FEE OF \$2.00 REQUIRED – Please make checks payable to OCHS

LAST NAME: _____
(Print name used at OCHS)

WITHDRAWN GRADUATE

FIRST NAME: _____

GRAD YEAR: _____

Pick Up In Person:

Mail Transcript To:

Name _____

Address _____

City/St/Zip _____

Office Use Only

Date Mailed: _____

Processed by: _____

(Student Signature)

(Date of Birth)

Please mail this Transcript Request form with cash or check to:

Oak Creek High School
Pupil Services Department
340 East Puetz Road
Oak Creek, WI 53154