

COSUMNES OAKS HIGH SCHOOL TRANSCRIPT REQUEST

Please complete this form. Have parent/guardian sign if student is under 18 years old. Payment may be made at the Student Store during lunch or the Controller's window after school (cash or check only).

Allow at least two days for processing.

Name _____ D.O.B. _____ Date _____

Student ID# _____ Grade _____ or Year Graduated _____

Check one or more options below:

- Mail official transcript(s) directly to the following institution(s). **Price per transcript - \$2**

Name of Institution	
Address	
Address	
City, State, Zip	

Name of Institution	
Address	
Address	
City, State, Zip	

Name of Institution	
Address	
Address	
City, State, Zip	

- Student or parent/guardian will pick up copy or copies of the transcript (photo ID required for pick up). **Price - \$2 per official transcript, Unofficial – Free for current students**

- Email unofficial transcript to: _____

Check one:

- Official _____ Unofficial _____

- TOTAL transcripts Requested:** _____

I hereby authorize the release of my student's transcripts to the above named institution or to my child.

Parent/Guardian's or Alumni Signature

Date _____

Please Note: Transcripts that have not been picked up within 30 days will be destroyed and no refunds or replacements will be issued.

Date Processed _____