



ALSEA SCHOOL DISTRICT 7J

PO Box B * Alsea, Oregon 97324 * 541-487-4305 * Fax 541-487-4089
www.alsea.k12.or.us

TRANSCRIPT REQUEST FORM

YOU WILL NEED ONE FORM FOR EVERY ADDRESS/FAX NUMBER TO WHICH YOU ARE SENDING A TRANSCRIPT

Date of Request: _____ Student Name: _____

DOB: _____ Graduation Year: _____

E-mail or Phone for Contact if needed: _____

Type of Transcript Requested (check one): ___ Official ___ Unofficial

___ Pick Up

___ Mailed to: _____

___ Fax to: _____

Student Signature: _____ Date: _____

Parent/Guardian Signature (if under 18): _____ Date: _____

***Please allow a minimum of 48 business hours for processing during the academic school year and up to 72 hours during the summer months. Alsea School District is not responsible for ensuring addresses and/or fax numbers are correct. ***

For Office Use Only:

Date Received: _____ Date Issued: _____ Date Mailed/Faxed: _____