

**OAK PARK INDEPENDENT SCHOOL**

5801 Conifer Street
Oak Park, CA 91377
(818) 597-4256 - office
EMAIL REQUEST TO:
jburstein@opusd.org

**OAK VIEW HIGH SCHOOL**

5701 Conifer Street
Oak Park, CA 91377
(818) 735-3217 - office
(818) 735-3290 - fax
ewight@opusd.org

TRANSCRIPT REQUEST

Student Name _____

Date _____

School: **OPIS** **OVHS**

(circle one)

Date of Birth _____

Year of Graduation _____

Signature _____

Telephone _____

I WOULD LIKE THE FOLLOWING:

_____ Official transcript (for a college, employer, military, etc.)
(quantity)

_____ Unofficial transcript (for my own records)
(quantity)

☐ Please include "classes in progress" on transcript (for college or high school admission)

_____ College/University assigned Student ID# on transcript (if required for admission)

I WOULD LIKE MY TRANSCRIPT:

☐ Mailed to address(es) listed below

☐ Picked up by: _____

☐ Email to: School: _____

Email: _____

If you wish to have your transcript mailed, please provide the complete address (including zip code) of the college, institution, employer, recruiter, etc.

1 _____

2 _____

