OAK PARK 5801 E Con Oak Park, C (818) 597-4 (818) 735-3 smeskis@o





OAK VIEW HIGH SCHOOL 5701 E Conifer Street Oak Park, CA 91377 (818) 735-3217 - office (818) 735-3290 - fax Iroberts@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 (f	for a college, employer, military, etc.)
Unofficial transcrip	t (for my own records)
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:	
Faxed to:	
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	