



Orange County Department of Education
Division of Alternative Education
Alternative, Community, and Correctional Education Schools and Services
Attendance and Records Center
 1669 East Wilshire, Suite 601, Santa Ana, Ca 92705
 Office (714) 547-9972 Fax (714) 547-2344
 Email: accesstranscripts@ocde.us

STUDENT/PARENT TRANSCRIPT REQUEST FORM

Please fill out completely and return to O.C.D.E. Attendance and Records Office.

Schools requesting a transcript must fax or mail a request on their letterhead or form. Transcripts may only be picked up by parent(s)/ legal guardian(s) or student (If over 18). *This form to be filled out by student, parent/legal guardian only. Not for school/teacher use.*

DATE: _____ REASON FOR REQUEST: _____

STUDENT'S NAME (while attending): _____ DATE OF BIRTH: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

LAST GRADE LEVEL ATTENDED: _____ LAST YEAR ATTENDED: _____ GRADUATED: Yes No

SCHOOL SITE OR CITY ATTENDED: _____
 (Street name/cross street)

TEACHER'S NAME (if possible): _____

REQUESTER'S NAME: _____ TELEPHONE #: _____

RELATIONSHIP: _____ SIGNATURE: _____

Parent/Legal Guardian/Student

PLEASE CHECK ONE:

FAX UNOFFICIAL TRANSCRIPT (7-10 BUSINESS DAYS FOR PROCESSING) *How many needed:* _____

TO: _____ FAX #: _____

ATTENTION: _____

MAIL TRANSCRIPT (10-12 BUSINESS DAYS FOR PROCESSING)
 OFFICIAL *How many needed:* _____ **UNOFFICIAL** *How many needed:* _____

PICK UP TRANSCRIPT (7-10 BUSINESS DAYS FOR PROCESSING)
 OFFICIAL *How many needed:* _____ **UNOFFICIAL** *How many needed:* _____

You will be called when your transcript is ready for pick up. If transcript is not picked up from our office within 5 business days of call, it will be mailed to the above address.

ATTENDANCE AND RECORDS OFFICE USE ONLY (MUST BE COMPLETED):

STUDENT'S LOCATION IN COMPUTER SYSTEM: YEAR _____ SCHOOL CODE _____ STUDENT # _____

IF NOT IN COMPUTER SYSTEM PLEASE INDICATE LOCATION: _____

PROGRAM DATA TECHNICIAN INITIALS: _____ DATE COMPLETED: _____

DATE PICKED UP: _____ DATE MAILED: _____ DATE FAXED: _____

PERSON PICKING UP: _____

Print Name

Signature

Relationship

Form 701:4/9/2015