



Oregon City High School

**ALUMNI/GRADUATE/PREVIOUS STUDENT  
TRANSCRIPT REQUEST FORM**

*\*\*Please allow **24 hours** to locate your transcript and process your request\*\**

**TRANSCRIPTS CAN ONLY BE REQUESTED BY STUDENT OF RECORD**

**Legal Name While Attending** \_\_\_\_\_

**Graduation Year** \_\_\_\_\_ **Birthdate** \_\_\_\_\_

**Current Phone #** \_\_\_\_\_

**Transcript Type:** \_\_\_\_\_ **UNOFFICIAL** \_\_\_\_\_ **OFFICIAL**  
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