

Each Transcript \$5 x _____

Total Cost _____

THOUSAND OAKS HIGH SCHOOL

TRANSCRIPT REQUEST

\$5.00 fee for each transcript requested

This form is for both current and former students.



Date _____ Birth Date _____ Name: _____

Name at graduation (or same): _____

Cell Phone # (_____) _____ Counselor _____

Payment options: ___Cash ___Check ___Credit Card* (***only current/active** students via online Student Store)

Current students Only—For those transcripts that cannot be sent electronically, I understand it is my responsibility to pickup my transcript. _____
(please initial)

I am a former graduate.
Enter grad year.

Grad year

Office use only:

Pickup (paper): _____ eDocs: initial ___ midyear ___ Date completed: _____ by: _____

Sent _____ _____ _____ _____ _____ _____ _____	School Name and Admissions Office Address (If not being submitted electronically, please add address.)	Type
	1.	
2.		<input type="checkbox"/> Initial <input type="checkbox"/> Midyear
3.		<input type="checkbox"/> Initial <input type="checkbox"/> Midyear
4.		<input type="checkbox"/> Initial <input type="checkbox"/> Midyear
5.		<input type="checkbox"/> Initial <input type="checkbox"/> Midyear
6.		<input type="checkbox"/> Initial <input type="checkbox"/> Midyear
7.		<input type="checkbox"/> Initial <input type="checkbox"/> Midyear