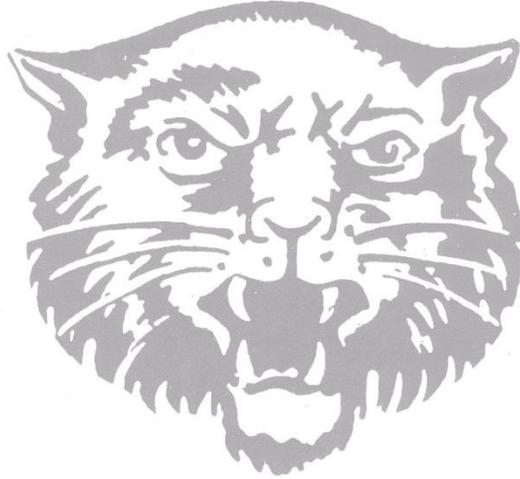


Transcript Request Form



I, _____, give permission to the Orrick R-XI School District to send a copy of my current official transcript to the following address:

Location and Address

Graduation Year: _____

Birthdate: _____

Maiden Name: _____

(if applicable)

Signature

Date

Signature of parent if not over 18 years old

Date