

Prospect High School / Community Day School

2060 Second Street
Oroville, CA 95965
Secretary: 530-538-2330
Fax: 530-538-2338

Transcript Request Form

A photo ID will be required.

Please Print

Maiden/other names used:

Student Name: _____

Date of Birth: ____/____/____

Current Address: _____

P.O. Box/Street Address

City

State

Zip

Current Phone Number: _____ Email Address: _____

Current Student: ____ Yes ____ No If **no**, last year of attendance: _____

How many copies are you requesting? Official: _____ Unofficial: _____

Please indicate method of delivery

Mail: _____

Pick Up: _____

Allow up to 5 days for processing requests, not including delivery time.

Mail to (Name & Address) _____

Fax to:

Fax Number:

Office Pick Up:

Name of person authorized to pick up transcript:

Date: _____

Please call ahead to confirm that the transcript is ready for pickup.

Signature: _____

(Required for any of the above requests)

Return your request to the office by mail, fax, simply bring it in or email dcook@ouhsd.net

For Office use only:

Name (Initials): _____

Revised: 8/14/23 KOlson

Date request rec'd: _____

Transcript Processed: _____