



Las Plumas High School

2380 Las Plumas Ave
Oroville, CA 95966
Registrar: 530-538-2310 ext. 2410
Fax: 530-534-5974

Transcript Request Form

A Photo ID will be required.

Please Print

Student Name: _____ Maiden/other names used: _____

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 are you requesting? Official: _____ Unofficial: _____

Please indicate method of delivery.

Mail _____ Email _____ Fax _____ 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:

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

(Required for any of the above requests)

Signature: _____

Date: _____

Either return your request to the counseling office by mail, fax, email, or simply bring it in.

LPHSregistrar@ouhsd.net

For Office use only

Date request rec'd: _____

Transcript Processed: _____