



Las Plumas High School
2380 Las Plumas Ave Oroville, CA 95966
Registrar: 530-538-2310 ext. 2410
LPHSRegistrar@ouhsd.net

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: _____

If no, last year of
attendance: _____

Current Student: Yes No

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: _____