

**ALBANY OPTIONS SCHOOL
TRANSCRIPT REQUEST FORM**

Student First Name (name as shown on transcript/ while enrolled in school):	
Student Last Name (name as shown on transcript/ while enrolled in school):	
Student Date of Birth (MM/DD/YYYY):	Graduation/GED Completion Year (YYYY):

Please enter the name of the person or institution you would like your transcripts sent to (e.g. college name):		
Street Address for the specific location you would like your transcripts sent to:		
City:	State:	Zip:

Would you like OFFICIAL or UNOFFICIAL transcripts sent? <input type="checkbox"/> Official <input type="checkbox"/> Unofficial	Number of transcripts requested:
Person requesting transcript:	Name of Institution requesting transcript if applicable:
Email:	Phone Number:

Please send the completed transcript request form to lori.halloran@albany.k12.or.us Please use that email address for any questions. This is a request form for school transcript only and does not include replacement diploma certificates or GED certificates.

There is no fee for transcript requests.