

Orange County Department of Education  
**Pacific Coast High School**  
14262 Franklin Ave., Suite 100  
Tustin, CA 9278  
714-245-6500 Admin. Fax 714-508-0215



Date: \_\_\_\_\_

Number of Pages: \_\_\_\_\_

To: **Attendance & Records**

From: Kathy Fusaro  
Student Records Technician 714-245-6502

Attention: **OFFICIAL TRANSCRIPT REQUEST**

**Directions to Attendance and Records**

Please return all official transcripts to Pacific Coast High School

Regarding: \_\_\_\_\_  
Student Name

**Directions to PCHS Student/Parent:**

Please allow 7 – 10 business days for processing of official transcripts

1. Complete the OCDE Student/Parent Transcript Request form
2. Bring, mail or fax this completed form with the OCDE Transcript Request form to PCHS
3. Please tell PCHS how to disburse your official transcripts:

Pick up transcript(s) at PCHS

PCHS mail transcript(s) to the following:

Copy#1 \_\_\_\_\_

Copy #3 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Copy#2 \_\_\_\_\_

Copy#4 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**For additional addresses, use the back of this form.  
Please return both forms to Pacific Coast High School. Thank you.**



**Orange County Department of Education**  
**Division of Alternative Education**  
**Alternative, Community, and Correctional Education Schools and Services**  
**Attendance and Records Center**  
 1669 East Wilshire, Suite 601, Santa Ana, Ca 92705  
 Office (714) 547-9972 Fax (714) 547-2344

**STUDENT/PARENT TRANSCRIPT REQUEST FORM**

**Please fill out completely and return to O.C.D.E. Attendance and Records Office.**

Schools requesting a transcript must fax or mail a request on their letterhead or form. A parent or student cannot request a transcript to be mailed or faxed to a school. Transcripts may only be picked up by parent(s)/ legal guardian(s) or student (If over 18). *This form to be filled out by student, parent/legal guardian only. Not for school/teacher use.*

DATE: \_\_\_\_\_ REASON FOR REQUEST: \_\_\_\_\_

STUDENT'S NAME (while attending): \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

LAST GRADE LEVEL ATTENDED: \_\_\_\_\_ LAST YEAR ATTENDED: \_\_\_\_\_ GRADUATED:  Yes  No

SCHOOL SITE OR CITY ATTENDED: PCHS  
 (Street name/cross street)

TEACHER'S NAME (if possible): N/A

REQUESTER'S NAME: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

Parent/Legal Guardian/Student

**PLEASE CHECK ONE:**

**FAX UNOFFICIAL TRANSCRIPT (7-10 BUSINESS DAYS FOR PROCESSING)** *How many needed:* \_\_\_\_\_

TO: \_\_\_\_\_ FAX #: \_\_\_\_\_

ATTENTION: \_\_\_\_\_

**MAIL TRANSCRIPT (10-12 BUSINESS DAYS FOR PROCESSING)**  
 **OFFICIAL** *How many needed:* \_\_\_\_\_  **UNOFFICIAL** *How many needed:* \_\_\_\_\_

**PICK UP TRANSCRIPT (7-10 BUSINESS DAYS FOR PROCESSING)**  
 **OFFICIAL** *How many needed:* \_\_\_\_\_  **UNOFFICIAL** *How many needed:* \_\_\_\_\_

**You will be called when your transcript is ready for pick up. If transcript is not picked up from our office within 5 business days of call, it will be mailed to the above address.**

**ATTENDANCE AND RECORDS OFFICE USE ONLY (MUST BE COMPLETED):**

STUDENT'S LOCATION IN COMPUTER SYSTEM: YEAR \_\_\_\_\_ SCHOOL CODE \_\_\_\_\_ STUDENT # \_\_\_\_\_

IF NOT IN COMPUTER SYSTEM PLEASE INDICATE LOCATION: \_\_\_\_\_

PROGRAM DATA TECHNICIAN INITIALS: \_\_\_\_\_ DATE COMPLETED: \_\_\_\_\_

DATE PICKED UP: \_\_\_\_\_ DATE MAILED: \_\_\_\_\_ DATE FAXED: \_\_\_\_\_

PERSON PICKING UP: \_\_\_\_\_

Print Name

Signature

Relationship