



Orange County Department of Education

Division of Alternative Education

Alternative, Community, and Correctional Education Schools and Services

Attendance and Records Center

Mailing address: PO Box 9050, Costa Mesa, CA 92628-9050

Pick up/Physical address: 601 S. Lewis Street, Orange, CA 92868

Office (714) 547-9972 Fax (714) 327-0387

Email: accesstranscripts@ocde.us

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. 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: _____ CURRENT AGE OF STUDENT: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

LAST GRADE LEVEL ATTENDED: _____ LAST YEAR ATTENDED: _____ GRADUATED: Yes No

SCHOOL SITE OR CITY ATTENDED: _____

(Street name/cross street)

TEACHER'S NAME (if possible): _____

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

Form 701:02/25/19