



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 UNOFFICIAL How many needed:

PICK UP TRANSCRIPT (7-10 BUSINESS DAYS FOR PROCESSING) OFFICIAL 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