



**OWOSSO HIGH SCHOOL
TRANSCRIPT – EDUCATIONAL RECORDS REQUEST FORM**



STUDENT’S INFORMATION
Full Legal Name*:
Maiden Name/Other Name:
Full Physical Address:
Mailing Address: (if different)
Phone Number: (_____)_____ - _____ ext#_____
Date of Birth:
Year of Graduation/Last Year Attended**:
REQUESTED RECORD/S: (Check all that apply and pay fee/s accordingly)
_____ Personal Copy of Transcript = \$10.00 _____ Official Sealed Transcript = \$10.00 _____ Copies of Full or Partial Student File = \$1.05 per page _____ Other Records: (explain) _____
<input type="checkbox"/> Send Records to Third Party: (i.e., college, employer, etc)
Organization: _____ Street/P.O. Box: _____ City/State/Zip: _____, _____, _____
Total Fee Due: \$ _____ (Make check or money orders out to Owosso High School)
Student’s Signature: _____ / Date: _____

* **Proof of identification is required in the form of a driver's license or other government issued ID. Requests submitted by mail must include a photocopy of the same.**

** **Grads from 2008 and earlier submit this form and payment to registrar. Grads from 2009 to current year submit requests through www.reachhigherohs.com/transcript.**

INSTRUCTIONS: Submit (1) completed form, (2) proof of identification and (3) fee to registrar for processing. Allow for 10 business days for processing.

SUBMIT FORM, ID & FEE TO:

**Owosso High School
765 E. North Street
Owosso, MI 48867
Attn: Registrar**

Office Use Only	
Date Request Received:	
Fee Received:	
Date Processed:	