



TRANSCRIPT REQUEST FORM

Please complete and sign this form, then bring with you in-person,
email to brett.noble@ousd.org, or fax to (510) 879-0020.

STUDENT NAME:	
DATE OF BIRTH:	
SCHOOL ATTENDED:	
CURRENT PHONE OR EMAIL: <i>(in case we need to follow up)</i>	

Use the table below to indicate your preferred delivery method, the number of copies you are requesting, and all required additional required information for your chosen delivery method.

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<input type="checkbox"/> Mail		Mailing Address (including name of the person or organization that letter should be addressed to):
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<input type="checkbox"/> Pick Up In Person*		Date/time that you would like to pick up your transcript copy in person:

*Our office, located at the address below, is generally open to the public M-F from 9:30am-4:30pm. If you get lost, you can call us at (510) 879-1677. You may access our parking garage from Franklin & 11th and validation may be available upon request.

OUSD Office of Charter Schools
1000 Broadway, Suite 639 (6th Floor)
Oakland, CA 94607

SIGNATURE: _____ DATE: _____