

# Oakland Catholic School Counseling & Guidance Department

## Transcript Request

Student's Name \_\_\_\_\_ Home Room \_\_\_\_\_ Counselor Name \_\_\_\_Laux \_\_\_\_ Felbinger

Social Security # \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Transcript to be sent to:	Address/Campus	Deadline Date
_____ Complete Transcript	_____ First Quarter Grades only	_____ Mid-year report
_____ Test Scores only	_____ First Semester Grades only	_____ Other

Permission is granted for release of records: \_\_\_\_\_

Signature

### **Office Use Only**

\_\_\_\_\_ Personal Request with application

\_\_\_\_/\_\_\_\_/\_\_\_\_ Record sent to Guidance  
Date

\_\_\_\_\_ Personal Request w/o application (online)

\_\_\_\_/\_\_\_\_/\_\_\_\_ Record sent to College  
Date

Request received by: \_\_\_\_\_