

Orange County Department of Education
Pacific Coast High School
14262 Franklin Ave., Suite 100
Tustin, CA 9278
714-245-6500 Admin. Fax 714-508-0215



Date: _____

Number of Pages: _____

To: **Attendance & Records**

From: Kathy Fusaro
Student Records Technician 714-245-6502

Attention: **OFFICIAL TRANSCRIPT REQUEST**

Directions to Attendance and Records

Please return all official transcripts to Pacific Coast High School

Regarding: _____
Student Name

Directions to PCHS Student/Parent:

Please allow 7 – 10 business days for processing of official transcripts

1. Complete the OCDE Student/Parent Transcript Request form
2. Bring, mail or fax this completed form with the OCDE Transcript Request form to PCHS
3. Please tell PCHS how to disburse your official transcripts:

Pick up transcript(s) at PCHS

PCHS mail transcript(s) to the following:

Copy#1 _____

Copy #3 _____

Copy#2 _____

Copy#4 _____

**For additional addresses, use the back of this form.
Please return both forms to Pacific Coast High School. Thank you.**



WILLIAM M. HABERMEHL
County Superintendent of Schools

Orange County Department of Education
Division of Alternative Education
Alternative, Community, and Correctional Education Schools and Services
Attendance and Records Center
1669 East Wilshire, Suite 602, Santa Ana, Ca 92705

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. A parent or student cannot request a transcript to be mailed or faxed to a school. 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: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

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

SCHOOL SITE OR CITY ATTENDED: Pacific Coast High School
(Street name/cross street)

TEACHER'S NAME (if possible): N/A

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