



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) 547-2344  
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 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

Form 701:02/25/19