

## TRANSCRIPT REQUEST FORM

REQUEST FROM: (Fill in the student's information below)	
Name:	
Maiden or Other Name While Enrolled:	
DOB:	Years of Attendance:
Social Security #:	
Street Address	
City:	State, Zip:
Email Address:	Phone:
PERMISSION	
I, permission to  (Student's name) (Previous High School Name)	
send a copy of my official transcript to Career Online High School (address listed below).	
Thank you,	
(Children Circums)	(Data)
(Student Signature)	(Date)
*If there is a fee, please notify me at the above phone number or email address listed above. It	
is important that the transcript be sent as soon as possible.	
*Please notify me via phone or email when the transcript has been sent.	
rease notify the via phone of email when the transcript has been sent.	
Please mail official sealed transcripts to:	
Career Online High School Attn: Student Services	
4111 West Gore Blvd	
Lawton, OK 73505	