



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, _____, give _____ 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,

(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.

Please mail official sealed transcripts to:

Career Online High School
Attn: Student Services
4111 West Gore Blvd
Lawton, OK 73505

"Career Online High School is committed to preparing students for entrance into careers and the workplace by delivering quality, supportive, and career-based online education."