



# Transcript Request Form

Fax all requests to (626) 685-9316  
(Please Print Legibly)

Name of Student: \_\_\_\_\_  
(While Enrolled at OFY)

Date of Birth: \_\_\_\_\_

Student Signature\*: \_\_\_\_\_

Requestor Name: \_\_\_\_\_  
(Required only if student is under 18 years of age)

Contact Phone Number: \_\_\_\_\_

Center/Charter Student Enrolled In: \_\_\_\_\_

Number of Official Transcripts Requested: \_\_\_\_\_

Mail Official Transcripts to:

\_\_\_\_\_  
Signature of Administrator/Designee

\_\_\_\_\_  
Date Sent

\_\_\_\_\_

\_\_\_\_\_

Cannot process transcript request without student signature.