

Kalapuya High School

TRANSCRIPT REQUEST FORM



You may email, fax or drop the request off in the office.

1200 N. Terry
Eugene, Or. 97402

Stormy.smith@Bethel.k12.or.us

541-607-9853
541-607-9857 FAX

Student Information

Date: _____

Student Last Name: _____ First: _____ Middle: _____

Name while attending Kalapuya High School: _____ Date of birth: _____

Current Mailing address: _____

City _____ State _____ Zip _____

Phone Number: _____ Email: _____

Graduation year: _____

Signature of Student (required):

_____ Date: _____

I understand that my signature authorizes the release of my academic records.

Transcripts Issued to Student:

_____ # of transcripts requested:

- ◇ Unofficial Copy
- ◇ Official Copy (Must be in a sealed envelope or mailed to college or program requesting)
- ◇ Mail to me (at mailing address above)
- ◇ Email to me
- ◇ I will pick up the following day