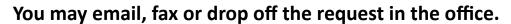
Kalapuya High School

TRANSCRIPT REQUEST FORM



1200 N. Terry

Stormy.smith@Bethel.k12.or.us

541-607-9853

Eugene, Or. 97402

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:	Em	nail:		
Graduation year:				
Signature of Student (requir	ed):			
		Da	ate:	
I understand that my signatu	ire authorizes the re	lease of my acad	demic records.	
Transcripts Issued to	Student:			
# of transcrip	s requested:			
Official Copy (Must be in	a sealed envelope o	r mailed to colle	ge or program requesting)	
College or program r	ame:			
Address:				
Email:				
Mail to me (at mailing ad	dress above) Unoffic	cial		
Email to me (email addre	ss above) Unofficial			
I will pick up the following	g day Unofficial/Offi	cial		