



Official Transcript Request Form

CURRENT OR FORMER STUDENTS: Complete this form and sign below

Your name as it appears on your OTA record

Last	First	Middle Initial
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Previous/Former Name(s)

Student number (optional)	Date of Birth	Email Address
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Approximate Dates of Attendance	Daytime Phone
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MAILING INSTRUCTIONS

Please mail this request with a check or money order for \$5 per copy- payable to Oregon Trail Academy (OTA)- to the address listed at the bottom of this form. DO NOT SEND CASH! (First transcript requested is free)

Address/ Addresses where you want your transcript sent- For more than two (2) addresses attach an additional sheet.

Address 1 <hr/> Name <hr/> Attention <hr/> Address <hr/> City/State/Zip	Address 2 <hr/> Name <hr/> Attention <hr/> Address <hr/> City/State/Zip
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AUTHORIZATION: *This request will not be processed without a hand written signature. Please note: electronic signatures are not accepted as authorization.*

Students Signature: _____ Date: _____

