

TRANSCRIPT REQUEST FORM
Oakland School for the Arts
A California Public Charter School
530 18th Street
Oakland, CA 94612

Phone (510) 873-8800 Fax (510) 873-8816

Name of Student : _____ / _____ / _____
Date

Dates of Attendance: _____ / _____ / _____ to _____ / _____ / _____
Date enrolled Date transferred/graduated

Current grade / Last grade attended: 6th 7th 8th
9th 10th 11th 12th

Date of Birth: _____ / _____ / _____

Birthplace:

(City) (State) (Country)

Address where transcript is to be sent:

Name of School, agency, or company _____
Attn: _____
Street Address: _____
City, State, Zip, Country (if not US) _____

Daytime phone number to contact you in case we have a question: (_____) _____ - _____

Fees:

Cost is \$2.00 per transcript. The fee is payable in person with cash, check, or money order, or by mail with check or money order.

A signature is required.

Signature _____

Please allow 10 business days for the request to be processed. Transcripts will be official and sealed in an envelope.