



**OAK PARK INDEPENDENT SCHOOL**

5801 E Conifer Street  
Oak Park, CA 91377  
(818) 597-4256 - office  
(818) 735-3290 - fax  
smeskis@opusd.org



**OAK VIEW HIGH SCHOOL**

5701 E Conifer Street  
Oak Park, CA 91377  
(818) 735-3217 - office  
(818) 735-3290 - fax  
lroberts@opusd.org

## TRANSCRIPT REQUEST

Student Name \_\_\_\_\_

Date \_\_\_\_\_

School: **OPIS** **OVHS**  
(circle one)

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

Year of Graduation \_\_\_\_\_

Signature \_\_\_\_\_

Telephone \_\_\_\_\_

**I WOULD LIKE THE FOLLOWING:**

\_\_\_\_\_ Official transcript (for a college, employer, military, etc.)  
(quantity)

\_\_\_\_\_ Unofficial transcript (for my own records)  
(quantity)

Please include "classes in progress" on transcript (for college or high school admission)

\_\_\_\_\_ College/University assigned Student ID# on transcript (if required for admission)

**I WOULD LIKE MY TRANSCRIPT:**

Mailed to address(es) listed below

Picked up by: \_\_\_\_\_

Faxed to: \_\_\_\_\_

If you wish to have your transcript mailed, please provide the complete address (including zip code) of the college, institution, employer, recruiter, etc.

1 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please submit payment at time of request or at time of pick-up (\$3 per transcript)*