

# Kalapuya High School



## TRANSCRIPT REQUEST FORM

You may email, fax or drop off the request 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:

Official Copy (Must be in a sealed envelope or mailed to college or program requesting)

College or program name:

Address:

Email:

Mail to me (at mailing address above) Unofficial

Email to me (email address above) Unofficial

I will pick up the following day Unofficial/Official