

**REQUEST FOR TRANSCRIPT
SOUTH ALBANY HIGH SCHOOL**

DATE: _____

STUDENT NAME _____

DATE OF BIRTH _____ GRAD YEAR _____

COLLEGE ID/SOCIAL SECURITY # (Last 4 digits) _____

____ OFFICIAL TRANSCRIPT
(\$2.00 each)

____ official transcripts @ \$2.00 each = _____
Includes OSAT/SAT/ACT and grade info.,
official school seal and registrar's signature.
Transcript will be in sealed envelope and mailed
as requested.

PLEASE MAIL TRANSCRIPT TO:

Person requesting transcript: _____

Phone number: _____ Email: _____

RETURN THIS FORM WITH PAYMENT TO:

SOUTH ALBANY HIGH SCHOOL

ATTN: REGISTRAR

3705 COLUMBUS ST SE

ALBANY OR 97322

PH: 541-967-4522

robin.chipman@albany.k12.or.us