



**OWOSSO HIGH SCHOOL  
TRANSCRIPT – EDUCATIONAL RECORDS REQUEST FORM**



<b>STUDENT'S INFORMATION</b>
Full Legal Name*:
Maiden Name/Other Name:
Full Physical Address:
Mailing Address: (if different)
Phone Number: (____)____-____ ext#_____
Date of Birth:
Year of Graduation/Last Year Attended**:
<b>REQUESTED RECORD/S: (Check all that apply and pay fee/s accordingly)</b>
_____ Personal Copy of Transcript = \$10.00 _____ Official Sealed Transcript = \$10.00 _____ Copies of Full or Partial Student File = \$1.05 per page _____ Other Records: (explain) _____
<b><input type="checkbox"/> Send Records to Third Party: (i.e., college, employer, etc)</b>
Organization: _____
Street/P.O. Box: _____
City/State/Zip: _____, _____, _____
<b>Total Fee Due: \$ _____ (Make check or money orders out to Owosso High School)</b>
Your Signature: _____ Date: _____

- \* **Proof of identification is required in the form of a driver's license or other government issued ID. Requests submitted by mail must include a photocopy of the same.**
- \*\* **Grads from 2008 and earlier must submit this form and payment to the main office. Grads from 2009 to currently enrolled must submit requests through the OHS-Parchment Portal at [www.ReachHigherOHS.org/transcript](http://www.ReachHigherOHS.org/transcript).**

**INSTRUCTIONS: Submit (1) completed form, (2) proof of identification and (3) fee to registrar for processing. Allow for 10 business days for processing.**

**SUBMIT FORM, ID & FEE TO:**

**Owosso High School  
765 E. North Street  
Owosso, MI 48867  
Attn: Registrar**

Office Use Only	
Date Request Received:	
Fee Received:	
Date Processed:	