



Please allow 48 hours for processing of transcripts.

OSSEO AREA LEARNING CENTER
REQUEST FOR TRANSCRIPT

Student Name: Last First M.I. Date

ID Number: Birth Date: Date Needed:

PURPOSE OF THE REQUEST:

Information I would like included (check all that apply):

- Official transcript, Unofficial transcript, Immunization records, MN State Test Scores, Special Education Records, 504

I would like the above information:

Mailed to the following address:

Name of Institution:

Attention:

Address: Street City State Zip Code

Faxed to the following:

Name of Institution:

Attention:

Fax Number: ()

Released to me to be picked up that the OALC front desk.

Student Signature

Parent Signature

OFFICE USE ONLY

Completed by: Date:

Notes: