



**OSSEO AREA LEARNING CENTER
REQUEST FOR TRANSCRIPT**

Please allow 48 hours for processing of transcripts.

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
- MN State Test Scores
- Unofficial transcript
- Special Education Records
- Immunization 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: _____