Orange High School Guidance Department

Transcript Request Form

Student's Name	Today's Date
Graduation Year	Counselor's Name
Please send my transcript to:	
Name of College or University	
Address/P.O. Box	
City, State & Zip Code	
Complete the Following:	
Date application was mailed or s	ent electronically:
College Deadline Date:	
Please select all that apply:	
Early Decision: Early Ad	ction: Rolling: Regular:
Is this a Common Application?	Yes No
Are you submitting a Secondary	Report? Yes No
Special Instructions (if applicable Students are responsible for attack)	e):ching any other required forms.
deadline date. One form is requ	be submitted to your Guidance Counselor two weeks befor ired per application. No transcript will be sent unless on file in the Guidance Department. There are no
FOR OFFICE USE ONLY:	
Date transcript was mailed:	
Staff Initials:	

Updated 3/2010