

REQUEST FOR FINAL OFFICIAL HIGH SCHOOL TRANSCRIPT

TO: HIGH SCHOOL REGISTRAR / RECORDS DEPARTMENT

This form is the student's request for FINAL OFFICIAL transcripts to be sent as soon as possible after graduation. Thank you!

High School: _____

Student Name: _____

Date of Birth: _____

Graduation Year: _____

Student ID #: _____

Student Signature: _____

Please email or mail to:

Admissions Office
Oak Hills Christian College
1600 Oak Hills Rd. SW
Bemidji, MN 56601
Admissions@oakhills.edu