HIGH SCHOOL FINAL TRANSCRIPT REQUEST

HIGH SCHOOL REGISTRAR/RECORDS: **This form is the student's request for FINAL transcripts to be sent AFTER GRADUATION. Thank you**.

High School: _____

Student Name: _____

Birth Date: _____ Social Security #: _____

Graduation Date: _____

Student Signature: _____

Please send official transcript to: Admissions Office
Oak Hills Christian College
1600 Oak Hills Rd. SW
Bemidji, MN 56601