



# Pacific High School

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**Krista Nieraeth**  
*Principal / Athletic Director*

**Kari Engdahl**  
*Office Manager*

## TRANSCRIPT REQUEST FORM

\*YOU WILL NEED ONE FORM FOR EVERY ADDRESS/FAX NUMBER TO WHICH YOU ARE SENDING A TRANSCRIPT\*

**Date of Request:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Type of Transcript Requested:** check one:  **Official**  **Unofficial**

**Pick Up**

**Mailed to:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Fax to:** \_\_\_\_\_

**Attn:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Signature (if applicable):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*Please allow a minimum of 24 hours for processing. Pacific is not responsible for ensuring addresses and/or fax numbers are correct.\***

For Office Use Only:

Date Received: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Date Mailed/Faxed: \_\_\_\_\_