



Pacific High School

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Shane Brown
Principal

Ben Stallard
Vice Principal/AD

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: _____

DOB: _____ Graduation Year: _____

E-mail or Phone for Contact if needed: _____

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: _____