

Mr. Kwame Stephens, Principal  
Mr. Greg Church, Asst. Principal  
Ms. Charity Jones, Asst. Principal

# Oak Park High School

13701 Oak Park Blvd. • OAK PARK, MICHIGAN 48237-2799  
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## REQUEST FOR TRANSCRIPT

**Submit verification of a completed application to the college/university or organization of choice along with this form to your Academy Counselor.**

**ALL DOCUMENTS ARE MAILED OUT ON FRIDAY OF EACH WEEK!**

DATE: \_\_\_\_\_ GRADUATION YEAR: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ ID# \_\_\_\_\_

### MAIL TO:

#1 NAME OF COLLEGE/UNIVERSITY or Organization: \_\_\_\_\_

DEPARTMENT or ATTENTION TO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

#2 NAME OF COLLEGE/UNIVERSITY or Organization: \_\_\_\_\_

DEPARTMENT or ATTENTION TO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

#3 NAME OF COLLEGE/UNIVERSITY or Organization: \_\_\_\_\_

DEPARTMENT or ATTENTION TO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### COUNSELOR USE ONLY:

Date Received: \_\_\_\_\_ Date Completed: \_\_\_\_\_ Completed by: \_\_\_\_\_