Otter Valley Union High School
Transcript Request Form

Please print and mail, fax or email the requested information.
Signature required for release of transcript.

Name (First, Middle, Last):
_____

Name at time of graduation (i.e. Maiden): _____

Graduation date: ___/___/___ (M D Y) **or** **Last attended:** ___/___/___ (M D Y)

Current address:
_____

_____
(Street, City, State, Zip) ___ **Indicate if a change**

Daytime phone (for clarification): _____

Purpose: ____ **undergraduate school** ____ **employment** ____ **scholarship**

____ **transfer** ____ **other**

Mail/Fax transcript to:
_____

_____

NOTE: Transcripts are mailed as soon as possible, unless any of the following occurs: incomplete transcript, unidentifiable record, or balance on account. Official transcripts that are sent to home addresses will only be considered official if they are unopened with the OVUHS seal intact.

Signature: _____ **Date:** _____

Mail or fax this request to:

Otter Valley Union High School
Attn: Guidance Department
2997 Franklin Street
Brandon, VT 05733
Fax: (802) 247-4627
dbishop@rnesu.org

For OVUHS use only:

Date Sent: _____ **By:** _____