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: ___/___/___ or Last attended: ___/___/___
M     D       Y          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 OUVHS 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@mesu.org

For OUVHS use only:

Date Sent: ___________________________ By: ___________________________