

Oak Grave High School



9494 Oak Grove Parkway Bessemer, AL 35023 (205) 379-5000

ALUMNI TRANSCRIPT REQUEST FORM

Student Name:	
Please provide name under which student was enrolled.)	
Birth Date:	Date Last Attended:
Please send my transcript to:	
Address:	
_	
I have enclosed the \$5.00 tran ☐ Money Order	nscript fee in the form of (please check one):
☐ Cash	
☐ Check made payable to	OGHS e, address, driver's license number, and 2 phone numbers)
(Check must contain name	e, uddress, artver's ticense namber, and 2 phone nambers)
Signature of Student or Parent/	
(Student may sign if 18 years of age or o	lder; parent/guardian signature required if student is under 18 years of age.)
How may we reach you by pho	one?
How may we reach you by ema	ail?