

**OTTAWA TOWNSHIP HIGH SCHOOL
REQUEST FOR FINAL TRANSCRIPT
2020 GRADUATES**

Student Name: _____

Birthday: _____

**PLEASE SEND MY FINAL HIGH SCHOOL TRANSCRIPT TO THE
FOLLOWING COLLEGE OR UNIVERSITY (PLEASE INCLUDE NAME AND
ADDRESS OF COLLEGE).**

Student Signature: _____

Date: _____

**PLEASE RETURN THIS FORM TO MRS. PHILLIPS, REGISTRAR, FOR PROCESSING.
ONCE COMPLETED, TAKE A PICTURE OF IT AND EMAIL TO:
mphillips@ottawahigh.com**