

**OTTAWA TOWNSHIP HIGH SCHOOL  
REQUEST FOR FINAL TRANSCRIPT  
END OF YEAR**

STUDENT NAME: \_\_\_\_\_

BIRTHDAY: \_\_\_\_\_

**PLEASE SEND MY FINAL HIGH SCHOOL TRANSCRIPT TO THE FOLLOWING  
COLLEGE OR UNIVERSITY:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

DATE: \_\_\_\_\_

**PLEASE RETURN THIS FORM TO MRS. PHILLIPS IN ROOM 204 FOR PROCESSING.**