

**ORANGE UNIFIED SCHOOL DISTRICT**  
**Student and Community Services**  
**Request for TRANSCRIPTS/RECORDS Previous to 2005**

Graduates from 2005 forward and current students must order official transcripts at [www.parchment.com](http://www.parchment.com)

Please complete the request for records form below and submit the form as follows:

**Personal Delivery to:**

Orange Unified School District  
Office of Student & Community Services  
1401 N. Handy St., Bldg. J  
Orange, CA 92867  
(714) 628-5424

**Mail to:**

Orange Unified School District  
Office of Student & Community Services  
1401 N. Handy St., Bldg. J  
Orange, CA 92867

**FAX to:**

Orange Unified School District  
Office of Student & Community Services  
Fax #: (714) 628-4061

**Orange Unified School District – Permission to Release Records**

Student's **FULL** Name while in school: \_\_\_\_\_  
First Middle Last

Other Names used in school: \_\_\_\_\_  
First Middle Last

Date of Birth: \_\_\_\_\_ Name of the School you last attended in OUSD \_\_\_\_\_  
Month/Day/Year

Year of Graduation **OR** the last year you attended school in OUSD: \_\_\_\_\_

Current Name: \_\_\_\_\_  
First Middle Last

Home Address: \_\_\_\_\_  
Street Address City/State Zip Code

Best Phone Number to reach you during business hours: \_\_\_\_\_

Driver License/Identification Number \_\_\_\_\_ State \_\_\_\_\_

Other \_\_\_\_\_

**Please attach a copy of your Driver License, Identification Card or Other**

This request is for: (check appropriate boxes) *please allow 3 to 5 days for processing not including weekends/Holidays*

Immunization Records ONLY

High School Transcript ONLY (Includes Proof of Graduation)

All Academic Records Available (Elementary, Middle, High School)

Official, Sealed Record

Unofficial Copy for Personal Use

*When Records are ready: (Please complete one of the following)*

**Call for Pick-up:**

**Mail to:**

**Fax to:**

Person designated to pick-up records

Name/Dept/Attention

Name

Best Daytime Phone Number

Address

Department

City/State

Zip Code

FAX Number

**WARNING:** DO NOT SIGN THIS FORM IF ANY OF THE STATEMENTS ABOVE ARE INCORRECT, OR YOU WILL BE COMMITTING A CRIME PUNISHABLE BY A FINE, IMPRISONMENT OR BOTH.

I declare under penalty of perjury (PENAL CODE 126) under the laws of the State of California that the foregoing is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent signature is required if student is under 18 years of age.**