

**Chesapeake Public School  
Oscar Smith High  
Transcript Request Form**

Completed by: \_\_\_\_\_

*Please pay for transcripts when they are ordered.*

Number of Transcripts Needed: \_\_\_\_\_ @ \$2.00 ea. = \$ \_\_\_\_\_

Name: \_\_\_\_\_ Counselor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Birthday: \_\_\_\_\_ Grad/With Year: \_\_\_\_\_

Please check the information below that is being requested:

**NO FEE FOR SAT/ACT SCORES, BIRTH CERTIFICATES & SHOT RECORD**

\_\_\_\_ Transcript Only (no SAT scores)

\_\_\_\_ Birth Certificates (copy only)

\_\_\_\_ Transcript & SAT/ACT

\_\_\_\_ I.E.P.

\_\_\_\_ SAT/ACT Scores Only

\_\_\_\_ Immunization/Shot Record

**Counselor Recommendations – SEE YOUR COUNSELOR**

\_\_\_\_\_  
**SIGNATURE OF STUDENT**

\_\_\_\_\_  
**SIGNATURE OF PARENT/GUARDIAN**

Please check one:

\_\_\_\_ **OFFICIAL** - Student will pick up this transcript **within two days\***

\_\_\_\_ This is an **unofficial transcript** for student's personal use

*\*Note: the high school is allowed 14 calendar days to mail/return transcript.*

**ALL RECORDS REQUEST TAKE  
24-48 HOURS.**

*We are sorry for any inconvenience this may cause.*