

# Oak Mountain High School

5476 Caldwell Mill Road

Birmingham, AL 3524

Office: (205) 682-5200 ® Fax: (205) 682-5205

## Transcript Request Form

Please print all information

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Last Name                                      First Name                                      MI (maiden name)

Send TO: \_\_\_\_\_  
College, Employer, etc

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Address                                      City,                                      State                                      Zip Code

\_\_\_\_\_ email address if needed for sending transcript

\_\_\_\_\_ Year Graduated/ Graduating      Date of Birth \_\_\_\_\_

\*Note: NO Test Scores are included. Those must be sent directly from ACT/SAT

Signed by \_\_\_\_\_

\*\*\*If a student is 18 years or older , he/she must give permission instead of the parent/guardian. Sec. 513 TitleV. Public Law 93-380

Credit Card Number \_\_\_\_\_

Expiration date \_\_\_\_\_ CCV Code \_\_\_\_\_

Cost \$5.00 Name as it appears on Card \_\_\_\_\_

Fax: 205 682 5205 or email this form [pholder@shelbyed.org](mailto:pholder@shelbyed.org)

Please allow 5-7 business days for the request to be processed