

Oregon High School

COUNSELING DEPARTMENT

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Request for Transcript or Immunizations

Name: _____
Last Name First Name Middle Name

Maiden Name: _____

Birthdate: _____ Graduation Year or Last Year Attended: _____

Please check any that indicate how you would like your transcript processed:

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Signature: _____ Phone: _____ Date: _____

Shannon Cremeens
9th grade Counselor

Jim Turffs
10th-12th grade Counselor

Lori Spratt
Counseling Secretary