



Online High School Program - Summer 2025

Transcript Request Form

Student's Last Name: _____ Student's First Name: _____

Date of Birth (MM/DD/YYYY): _____ Grade Level for 2024-25 school _____

Parent/Guardian First Name: _____ year: Parent/Guardian Last Name: _____

Mailing Address: _____ City: _____

Zip: _____ Contact Number: _____

☐ I do not want this course added to my student's transcript (course is for survey/practice only).

Transcript Information

One (1) transcript will be mailed for each paid session; additional transcripts will be charged a fee of \$10.00. Students must complete a Course Agreement with their instruction in order to receive a grade. Students who receive a "NG" (No Grade) will NOT receive a transcript and their Course Agreement will be filed with the **Orion International Academy and Parchment**.

☐ Email Transcript ☐ Mail Transcript ☐ Pick Up Transcript: Location: 11255 Central Ave. Ontario, Ca
91762

Transcript to be Mailed/Emailed to:

Parent Name or School Site: _____

Attention: _____

Address: _____

City: _____

Email Address: _____

Current School Counselor: _____

Course Student is Registered for:

Course Name: _____ Semester: _____

Transcripts will be mailed within 2 weeks of the completed course date. Orion International Academy is not responsible for transcripts that are lost or stolen. Additional transcripts can be requested for a \$10.00 fee by email a Transcript Request Form Orion International Academy Office at (909) 999-0025. Once a request has been received a member of the College of Extended and Global Education staff will contact you to verify the information and receive payment.

FOR OFFICE USE ONLY
DO NOT WRITE BELOW THIS LINE

Date Requested Received: _____

Processed By: _____

Date Mailed: _____