



McMinnville School District No. 40

1500 NE Baker St McMinnville, Oregon 97128 Phone: 503-565-4004 Fax: 503-565-4031

TRANSCRIPT REQUEST / INVOICE

Date Requested

Legal name at time of graduation or attendance

Date of birth

Official sealed transcript s

Phone number

MAILING ADDRESS(ES):

| | |
|---------------------------------------|------------------------------------------------------------------|
| Name, Address, Instructions (if any): | Official Transcript(s) Name & Address, Instructions (if any): |
|---------------------------------------|------------------------------------------------------------------|

Signature _____
or
Representative (*attach release note*) _____

Official transcripts, authenticated by signature, and the McMinnville School District seal, are complete copies of work on file in this office. **A fee of \$3 is charged for each transcript copy.** Exceptions are: up to three transcripts for McMinnville High School graduates are provided without charge during the year of graduation. One additional transcript will be provided without charge during the two years following graduation.

We accept checks or cash. Please remit payment to:

McMinnville School District #40
Accounts Receivable
1500 NE Baker Street
McMinnville, Oregon 97128

| | | | | |
|----------------------------------|---------------------------------|------------------------|-------------------------------|------------------------------------|
| Official Office Use Only: | | | | <input type="checkbox"/> DREAM Act |
| \$3 / copy | _____ Received by (initials) | _____ Date received | _____ Date transcript sent | 05/2015 |