



P.O. Box 141146  
Spokane, WA 99214  
Phone 509.536.5955  
www.theoakscga.org

### TRANSCRIPT REQUEST FORM

*Please allow one week for processing your transcript;  
it is not necessarily available the same day as the request.*

STUDENT NAME \_\_\_\_\_ DATE \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_

SEND TRANSCRIPT TO \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### **NON-ALUMNI**

Please mail this form with a \$10.00 check made payable to The Oaks. Allow two weeks for processing.  
**Same Day Processing:** Please fill out the credit card information and email this form to  
anya.schnell@theoakscga.org. Your card will be charged \$15.00 for processing.

Visa or Mastercard No. \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Name on Card \_\_\_\_\_  
Billing Address for this Card \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_

**ALUMNI** No charge. Please fill out name, phone, date, and where you need your transcript sent.