

Matthew Winchester
Superintendent
Michael Cushing
Principal
Laura Pastirik
Curriculum Director
Dawn Roalson
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Ottawa, Illinois 61350

Jeff DeWalt
Assistant Principal
Dan Clausen
Dean of Students
John Alexander
Dean of Students

TRANSCRIPT REQUEST FORM

Name: _____

Last, First, Middle (Maiden)

Date of Birth: _____

Address:

Number/Street City State Zip Code

Phone: (____) _____

Transcript requests require a written authorization.

Student Signature: _____

Date: _____

Transcript Request Information:

Number of **Unofficial** Copies requested (no charge) _____

Number of **Official** Copies requested (\$3.00 per copy) _____

Payment MUST accompany request. (Make checks payable to Ottawa High School)

Fax requests to (815) 431-2472

Send Transcripts To:

(Provide complete address) _____

If you have any questions please call Jean Alicz, Registrar at (815) 431-3344.