

8601 MacArthur Blvd.
Oakland, CA 94605
www.castlemontnights.org
Main Office: 510-639-1466 X 471
Attendance Office: 510-639-1466
X443

PLEASE PRINT CLEARLY!



OAKLAND UNIFIED
SCHOOL DISTRICT

expect Success

Microfilm Records
Authorization Release Form
(Former student *must sign below.*)

Phone: (510) 273-1647

FAX: (510) 273-1602

Today's Date: ____ / ____ / ____

ATTENTION! : Please allow 10 business days for processing.

1 Reason for your request:

I would like a copy of my high school records for:

College Employment Other: _____

I would like to verify my birth date for:

Social Security Passport Delayed Birth Certificate Other: _____

2 Provide your information as it was used while attending the Oakland Unified School District:

Your Name (as used while attending school): _____

Date of Birth: ____ / ____ / ____ Place of Birth: _____

Parents' names: _____ & _____

3 List ALL schools attended: (If you graduated AFTER 1988 then go directly to the high school.)

Last High School Attended _____ Dates Attended: _____

Junior High School: _____ Dates Attended: _____

Elementary School: _____ Dates Attended: _____

The year of your high school graduation: _____

4 How would you like to receive your transcripts?

MAILED? PICKED-UP? FAXED? (Unofficial only)

Print Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ - _____ FAX#: () _____ - _____

5 If you would like your transcripts forwarded to another person, please provide information below:

MAILED? FAXED? (Unofficial only)

Name of Company/Institution: _____ Attention: _____

Address: _____ PH. #:() _____ - _____

City: _____ State: _____ Zip: _____ FAX #:() _____ - _____

6 STUDENT'S SIGNATURE IS REQUIRED: _____