



Oregon Youth ChalleNGe
High School
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Bend, OR 97701
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Fax: (541) 317-9894
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Subject: REQUEST FOR OFFICIAL SCHOOL TRANSCRIPT: Fax or email this completed and signed form to the above fax number or email address. After printing and signing, we recommend using the Adobe Scan app on your smart phone to scan and email it.

Date:

Name of Student:

DOB:

To Registrar at OYCP:

**Please send a copy of my official transcript to the following address.
(email or Physical)**

Fax Transcript to:

As the above named student or legal guardian I authorize this academic record be sent to the above named address.

Print Name of requester:

Signature: _____

The program mission is to provide opportunities for personal growth, self-improvement and academic achievement among Oregon high school drop outs, teens no longer attending and those failing in school, through a highly structured non-traditional environment; integrating training, mentoring and diverse educational activities.

