



Online High School Program 2026

Transcript Request Form

Student's Last Name: _____ Student's First Name: _____

Date of Birth (MM/DD/YYYY): _____ Grade Level for 2025-26 school _____

Parent/Guardian First Name: _____ year: Parent/Guardian Last Name: _____

Mailing Address: _____ City: _____

Zip: _____ Contact Number: _____

I do not want this course added to my student's transcript (course is for survey/practice only).

Transcript Information

One (1) transcript will be mailed for each paid session; additional transcripts will be charged a fee of \$10.00. Students must complete a Course Agreement with their instruction in order to receive a grade. Students who receive a "NG"(No Grade) will NOT receive a transcript and their Course Agreement will be filed with the **Orion International Academy and Parchment**.

Email Transcript Mail Transcript Pick Up Transcript: Location: 11255 Central Ave. Ontario, Ca 91762

Transcript to be Mailed/Emailed to:

Parent Name or School Site: _____

Attention: _____

Address: _____

City: _____

Email Address: _____

Current School Counselor: _____

Course Student is Registered for:

Course Name: _____ Semester: _____

Transcripts will be mailed within 2 weeks of the completed course date. Orion International Academy is not responsible for transcripts that are lost or stolen. Additional transcripts can be requested for a \$10.00 fee by email a Transcript Request Form Orion International Academy Office at (909) 999-0025. Once a request has been received a member of the College of Extended and Global Education staff will contact you to verify the information and receive payment.

**FOR OFFICE USE ONLY
DO NOT WRITE BELOW THIS LINE**

Date Requested Received: _____

Processed By: _____

Date Mailed: _____

