AMITY SCHOOL DISTRICT
503 Oak Street; Bldg. B; PO Box 670
Amity, Oregon 97101
Phone: 503-835-2171

Jeff Clark, Superintendent
jeff.clark@amity.k12.or.us

Amity High School Transcript Request

Graduate's Full Name: _____

Year of Graduation: _____ If you did not graduate, withdrawal date: _____

Birth Date: _____

Contact Phone #: _____

Contact Email Address: _____

Unofficial Transcript: _____ Official Transcript: _____ How Many? _____

Address(es) of where to send the transcript:

1. Name (college, business, etc.): _____

   Mailing Address:_____

   City: _____ State: _____ Zip Code: _____

2. Name (college, business, etc.): _____

   Mailing Address: _____

   City: _____ State: _____ Zip Code: _____

3. Name (college, business, etc.): _____

   Mailing Address: _____

   City: _____ State: _____ Zip Code: _____

I attest that I am the above-named alumni and I authorize Amity School District to send my official records to the address(es) I have entered about.

Please write your name: _____

Any Questions, please contact:
Brenda Whiteley
Amity High School Head Secretary
Email: brenda.whiteley@amity.k12.or.us
Phone: 503-835-2181
Fax: 503-835-6113