

**OCEANSIDE UNIFIED SCHOOL DISTRICT**  
**Attendance Verification and Transcript Request Form**

_____	DACA/ 2 Sets
_____	Immigration
_____	Taxes
_____	Other

Today's Date: \_\_\_\_\_

Student's Name (PRINT) Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Used different name while attending? Please write it here: \_\_\_\_\_

Birth Date: (month/day/year) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Last OUSD School Attended:

High School \_\_\_\_\_ Grade(s) \_\_\_\_\_ Year \_\_\_\_\_

Graduated High School:  No  Yes - Year \_\_\_\_\_

Middle School \_\_\_\_\_ Grade(s) \_\_\_\_\_ School Year(s) \_\_\_\_\_

Elementary School \_\_\_\_\_ Grade(s) \_\_\_\_\_ School Year(s) \_\_\_\_\_

Please Choose One:

- Requesting Enrollment History
- Requesting Transcripts ONLY
- Requesting Attendance Verification and Transcripts
- Requesting Confirmation of full name as listed on Birth Certificate
- Requesting Other: \_\_\_\_\_

Student/Parent Signature;

Cell Phone ( ) \_\_\_\_\_ Email: \_\_\_\_\_

**Documents will be available in 10 business days**

Records received by (signature): \_\_\_\_\_ Date: \_\_\_\_\_

I.D. Verified by: \_\_\_\_\_ Date: \_\_\_\_\_