



## High School Transcript Request Form

Transcripts will be mailed via U.S. Mail. No transcripts will be e-mailed or faxed.

Name student used while in school (E.G.: maiden name of female student):

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Last

First

Middle

Date of Birth: Month: \_\_\_\_\_ Day: \_\_\_\_ Year: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Last high school attended with Odyssey Academy: \_\_\_\_\_

Last year in attendance: \_\_\_\_\_ Did student graduate? ( ) Yes ( ) No

Any additional Instructions?

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Complete address where transcript is to be mailed:

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Local or toll free telephone phone number where you can be reached:

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**Student Signature** (Current Name Used)

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**Date**

**\*\*Request must include a copy of your valid DRIVER'S LICENSE or STATE ID CARD.\*\***

Mail form to Odyssey Academy at 2412 61<sup>st</sup> Street Galveston, Texas 77551 or email form and scanned ID to [dwalker@odyssey-academy.com](mailto:dwalker@odyssey-academy.com). If you have further questions, call 409-750-9289 during office hours.

THE ROBERT A. MOSBACHER, SR. ODYSSEY ACADEMY