



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):

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?

Complete address where transcript is to be mailed:

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

Student Signature (Current Name Used)

Date

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

Mail form to Odyssey Academy at 2412 61st Street Galveston, Texas 77551 or email form and scanned ID to arodriguez@odyacad.com. If you have further questions, call 409-750-9289 during office hours.

THE ROBERT A. MOSBACHER, SR. ODYSSEY ACADEMY