

**PAST GRADUATES**  
**REQUEST FOR OFFICIAL TRANSCRIPT**  
**OR IMMUNIZATION RECORD**

**Methods of Payment: Check, Money Order or  
Credit Card (Online only) at <https://osp.osmsinc.com/CalvertMD/>  
Cost: \$3.00 each**

**MAIL TO:**  
Calvert High School  
Attn: Registrar  
520 Fox Run Blvd  
Prince Frederick, MD 20678

**OR**

**FAX TO: 410-286-4033**

**OR**

To expedite your request a little quicker, **email the Registrar at [barbers@calvertnet.k12.md.us](mailto:barbers@calvertnet.k12.md.us)** Please be sure to include all information requested below, a contact person and the fax number where it should be sent, if applicable. Transcripts cannot be emailed.

**Name:** \_\_\_\_\_ **Date of birth** \_\_\_\_\_

**Year of graduation** \_\_\_\_\_ **Last 4 SSN xxx-xx-** \_\_\_\_\_

**Number where you can be reached** \_\_\_\_\_

**Number of copies** \_\_\_\_\_

**Address where transcript is to be mailed**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Attn:** \_\_\_\_\_

**Fax# where transcript is to be sent** \_\_\_\_\_ **Attn:** \_\_\_\_\_

**Transcript must arrive by** \_\_\_\_\_