

TRANSCRIPT REQUEST FORM

DATE: _____

SCHOOL: Walnut Hills High School

Last (Maiden) Name: _____ First Name: _____ M.I.: _____

DOB: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Name (If student is under 18 yrs.): _____

Present Grade: _____ Last Year Attended: _____ Year of Graduation: _____

PLEASE CHECK ONE OF THE FOLLOWING:

_____ I would like an **UNOFFICIAL** transcript sent to my home address.

_____ I would like my **OFFICIAL** transcript sent to:

Name of College or Company

Name of College or Company

Address

Address

City, State, Zip

City, State, Zip

I give permission for these colleges, companies or agencies to receive copies of my entire Secondary School Record including standardized test scores such as California Achievement Test, American College Test and/or the Scholastic Aptitude Test pm the form used by the above named high school.

NOTE: THIS HIGH SCHOOL IS NOT RESPONSIBLE FOR TRANSCRIPTS LOST OR MISPLACED BY COLLEGES.

SIGNATURE OF APPLICANT: _____

SIGNATURE OF PARENT/GUARDIAN OF MINOR: _____

Please include \$5.00 for processing of each copy of the transcript. Personal Checks will NOT be accepted. CASH or MONEY ORDER ONLY, Contact Ms. Davis with any questions at 513-363-8546 Monday-Friday 7AM-3PM or EMAIL at DAVISRE@CPS-K12.ORG