

TRANSCRIPT REQUEST FORM

DATE: _____

SCHOOL: _____

LAST NAME (MAIDEN NAME) FIRST NAME M.I. DATE OF BIRTH: _____

ADDRESS CITY STATE ZIP

PHONE: _____

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 on 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 MRS. HOLT WITH ANY QUESTIONS AT 513 363 8546 MONDAY-FRIDAY 7AM-3PM OR EMAIL

NASHHOJ@CPSBOE.K12.OH.US