

Centerville City Schools
Office of Student Services

RECORD REQUEST
(GRADUATES/FORMER STUDENTS ONLY)

Transcript Immunizations Special Education

DATE OF REQUEST _____

STUDENT NAME _____
Last First Middle Maiden

DATE OF BIRTH _____ YEAR OF GRADUATION _____

ADDRESS _____
Number Street Apt.#

ADDRESS _____
City State ZIP

PHONE _____

EMAIL ADDRESS _____

STUDENT SIGNATURE _____

Please forward official record to address(es) provided below:

College Name & full address (if applicable)

Allow 2 business days for the processing of this request

Please check the records you are requesting (Transcript, Immunization, Sp.Ed.)

Mail this request with **payment of \$5 per copy** for each record listed above.

Mail cash, check or money order (payable to Centerville City Schools) to:

Centerville City Schools
ATTN: Transcripts
111 Virginia Avenue
Centerville, OH 45458
(937) 433-8841