

Centerville City Schools

Office of Student Services

RECORD REQUEST (GRADUATES/FORMER STUDENTS ONLY)

Transcript *Immunizations* *Special Education*
Please check the records you are requesting.

DATE OF REQUEST _____

STUDENT NAME _____
Last First Middle Maiden

DATE OF BIRTH _____ YEAR OF GRADUATION _____

ADDRESS _____
Number Street Apt.#

ADDRESS _____
City State ZIP

PHONE: _____

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

Email: Tammy.Molnar@Centerville.k12.oh.us