



FRANKLIN MONROE LOCAL SCHOOLS

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Franklin Monroe High School Transcript Release Form

Please allow 1 week for processing of transcripts. Complete this form and return it to the FMHS main office. You may fax or scan and email it as well.

I give my permission to release my high school transcript which will include grades, credits, class rank, test scores (results of the Ohio Graduation Test or Ohio Proficiency Test if applicable) and date of graduation.

Name: _____

*Make sure it is the name used in high school (i.e. maiden name)

Date of Birth: _____ Date Last Attended: _____

Daytime Phone Number: _____

Email Address: _____

Please indicate how you would like to be notified that transcript is ready for pick up:

☐ Phone

☐ Email

OR Transcript will be mailed directly to:

Name of School, firm, etc.

Street Address

City, State, Zip Code

Signature

Today's Date