



# Madeira High School

## Request for Transcript (Former Student)

Name \_\_\_\_\_  
(Last) (First) (Middle)

Maiden name (if applicable): \_\_\_\_\_

Current address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone number: (\_\_\_\_) \_\_\_\_\_

Graduation Year from Madeira High School: \_\_\_\_\_

If you did not graduate from Madeira High School, list the years you attended MHS \_\_\_\_\_

Please indicate the address to which the transcript is to be sent (include name of institution or person to receive transcript if different from above):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby grant permission for Madeira High School to release my official transcript to the above address.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Please list here if other documents (SAT/ACT scores, etc.) are to be sent (if available in file):

\_\_\_\_\_

Return this form to: Registrar  
Madeira High School  
7465 Loannes Drive  
Cincinnati, OH 45243

**Madeira H.S. Counseling Dept. fax – (513) 924-3714\***

<i>office use only</i>	
date received	_____ by _____
date sent	_____ by _____

**\*FOR REQUESTS MADE BETWEEN JUNE 10 AND AUGUST 1 – PLEASE FAX TO 513-985-6089 AND CONFIRM RECEIPT BY CALLING 513-891-8222**