



New Miami Local School District

600 Seven Mile Ave
Hamilton, OH 45011
P: 513-863-0833 F: 513-863-0497

Transcript Request

- Please allow 3-5 business days for your transcript request to be processed -

Student Name: _____ **Date:** _____

Name while enrolled if different than above: _____

Graduation Year: _____ **Birth Date:** _____ **Date Needed:** _____

Transcript requested for: *Please check appropriate box and list name*

☐ Self

☐ College

☐ Employer

Please send transcript by: *Please check appropriate box and list name*

☐ Pick-up

☐ Fax #: _____

☐ Mail – List address below

Please send official transcript to: *Please check appropriate box and list name and address*

☐ College

☐ Employer

Please send additional copies to: *Please check appropriate box and list name and address*

☐ College

☐ Employer

Requested by: _____
(Signature) (Date)

Office Use Only

Completed by: _____
(Signature) (Date)

Copies: ☐ Guidance Office ☐ Student file