

**Leetonia High School
450 Walnut Street
Leetonia, Ohio 44431**

\$4.00 transcript processing fee required

STUDENT REQUEST FOR RECORD RELEASE

Name of Student _____

Date of Birth _____

Date of Graduation/ Last date attended:

I hereby authorize the release of a transcript of my academic records to:

(Name and full address is Required, including zip code)

Any other records to be released (specify)

Date of Request: _____

(Signature of student if over 18)

(Signature of parent/guardian)

Note: A.C.T. and S.A.T. scores will not be on transcript.