Ashland High School

1440 King Road – Ashland, OH 44805 – 419-289-7968
Guidance Fax: 419-289-0418

Alumni Transcript Request Form

Print out this form and fill in your information.
When completed, return the form with a copy of your Driver's License/State ID to AHS by:

- **Bringing to: Ashland High School**
- **Faxing to: (419) 289-0418, Attention: Guidance Office**
- **Emailing to: rudeppen@goarrows.org**
- **Mailing Form and payment to: Ashland High School, 1440 King Rd., Ashland, OH 44805 ATTN: Guidance**
- **There is a $5.00 fee (check or money order made out to Ashland High School) that would need to be mailed or brought into the high school (There is no charge for the first year after graduation)**

PLEASE ALLOW AT LEAST ONE WEEK FOR YOUR REQUEST TO BE PROCESSED

Student's name at time of attendance: _____
(maiden name) First Name Middle Name Last Name

Current address: _____
Street Address City State Zip

Phone number: _____ **Date of Birth:** _____

Year student graduated: _____ **or Year student withdrew:** _____

Student's email address for notification: _____

Where/how would you like your Official Transcript(s) sent:

- _____ **Please email my transcript to:** _____
- _____ **I would like to pick up my transcript. Please email me when they are ready for pickup.**
- _____ **Please mail a sealed hard copy of my official transcript to the following schools/locations:**

List school or employer name(s) and address(es) below. Use additional sheet if necessary.

_____
_____
_____
_____
_____
_____
_____
_____

Signature: _____ **Date:** _____