STUDENT **LAST** NAME:_____Student ID#_____

REQUEST FOR TRANSCRIPT OF GRADES

Northmont High School

4916 National Road, Clayton, Ohio 45315 937.832.6038 FAX

Former Students: charris@northmontschools.net 937.832.6003
td.evans@northmontschools.net

Current Students: nadams@northmontschools.net 937.832.6014

1. This form must be completed before a transcript of your grades (and test scores) will be sent to you. Complete one of these forms each time you request your transcript. (Be sure you submit this form for your final transcript to be mailed at graduation time.)
2. If your school or employer has sent a form to be completed by a school official, attach it to this sheet.
3. It takes 3 to 5 DAYS TO RECEIVE, MAIL, EMAIL or FAX this transcript AFTER this request has been signed.
4. Indicate type of transcript requested:
   - ☐ Preliminary transcript - before graduation
   - ☐ Letter - graduation verification
   - ☐ Final transcript - after graduation
   - ☐ Student records - transferring high schools

Graduation Year (*or last date of attendance*)_____

Student Name_____ Student Address_____

Phone_____Email_____Date of Birth_____

Send by: ☐ **Common App/Send EDU** -or- ☐ **Email** -or- ☐ **Fax** -or- ☐ **Mail** -or- ☐ **Pick up** *(fees must be paid for this option)*

Send to:

College, School or Person_____ Address_____

Fax #_____ Email_____

Deadline Date_____ Include my IEP/504_____

(Parent Signature required ONLY if you request your IEP/504)

I hereby give my permission for my transcript and ACT/SAT test scores to be sent to the above school, college or agency.

_____ _____

Today's Date ***Student Signature*** *(Parent may sign ONLY if student is under 18 and/or a current student)*

Please fill in everything ABOVE this line

Request received in office *date*_____*time*_____*am/pm* *by*_____ *Fees Paid*_____

Request to counselor *date*_____*time*_____*am/pm* *by*_____

Transcript forwarded *date*_____*time*_____*am/pm* *by*_____