SYCAMORE
COMMUNITY SCHOOLS
Our students. Our future.

REQUEST FOR TRANSCRIPT

SYCAMORE HIGH SCHOOL

(FORMER STUDENT)

Return this form to: Attention: Registrar, Sycamore High School, 7400 Cornell Road, Cincinnati, OH 45242 or by Fax number: 513-489-7425.

Please allow at least two weeks for processing from the receipt date of this request.

Last Name	
First Name	
Middle Name	
Maiden Name	
Date of Birth	
Current Address	
Email Address	
Phone Number	
Year(s) Attended SHS	
Year Graduated SHS	

Please indicate the name and address to which the transcript is to be sent	
Please indicate if other documents (test scores, etc.) are to be sent if available	

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

_____

Signature Printed Name Date

OFFICE USE ONLY	Date received:	Received by:
	Date sent:	Sent by:

Revised 5/2/22