



Gamble Montessori High School

3036 Werk Road
Cincinnati, OH 45211

Attention: Student Records Department



TRANSCRIPT/VERIFICATION REQUEST FORM

All obligations and fees must be paid prior to the release of information by Cincinnati Public Schools. Please allow up to two weeks for processing.

Date: _____

(Print) Name: _____

Date of birth: _____ **Maiden Name (if married)** _____

My present address: _____ **Zip code:** _____

Current phone number: (Home) _____ **(Cell)** _____

Year of graduation: _____ **or** **Last year of attendance:** _____

____ **I am requesting a transcript - \$5.00 (CASH OR MONEY ORDER ONLY)**

____ **I am requesting a verification of enrollment/graduation - \$2.00**

This information should be:

____ **sent to me at the above address (this is an unofficial/unsigned transcript)**

____ **Sent to the college or employer below (this is an official/signed transcript):**

Name of College/Employer	Street Address	City	State	Zip
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By signing below, I give permission for the release of the above requested information.

SIGNATURE: _____