

Student ID# _____ STUDENT LAST NAME: _____

REQUEST FOR TRANSCRIPT OF GRADES

Northmont High School
4916 National Road, Clayton, Ohio 45315
937.832.6038 FAX

Former Students: jschiavone@northmontschools.net 937.832.6006 **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:

<input type="checkbox"/> Preliminary transcript - before graduation	<input type="checkbox"/> Final transcript - after graduation
<input type="checkbox"/> Letter - graduation verification only	<input type="checkbox"/> Student records - transferring high schools

YEAR of graduation (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 _____
street city state zip

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.



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 _____	