



TRANSCRIPT FORM

Last Name of Student: _____ MI: _____ First Name: _____

Maiden/Other Name while in school: _____

Date of Birth: _____ Last Grade Completed: _____ Home Phone: _____

Current Address (Street): _____

(City, State, Zip): _____

Year of Graduation: _____ OR Year of Withdrawal: _____

Distribution of Transcript:

(Please check the appropriate item(s):

____ 1. Please send transcript to: *(Official copies will be sent to school, Agency or Employer)*

School/Agency/Employer: _____

Street: _____

City, State, and Zip: _____

____ 2. Please send transcript to me. (Parent/Student Copy)

____ 3. I am a GHHS Senior. Please send my **final** transcript to the above address.

Please sign this form below and return along with \$3.00 for each transcript.

Signature: _____ Date: _____

(Parent must sign until student is 18 years old)

Please return this form along with payment to:

***If graduated with in 5 years to:
Garfield Heights High School OR
4900 Turney Road
Garfield Heights, Ohio 44125***

***Garfield Heights Board of Education
Center for Pupil Services
5640 Briarcliff Drive
Garfield Heights, Ohio 44125***

Office Use Only:
Received by: _____ Amount Received: _____ Date: _____
Records release by: _____ Date: _____