



# TRANSCRIPT REQUEST

Last Name of Student: \_\_\_\_\_ MI: \_\_\_\_\_ First Name: \_\_\_\_\_

Maiden/Other Name while in school: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Current Address (Street): \_\_\_\_\_

(City, State, Zip): \_\_\_\_\_

Year of Graduation: \_\_\_\_\_ **OR** Year of Withdrawal from School: \_\_\_\_\_

**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, 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 it along with \$3.00 for each transcript requested.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent must sign until student is 18 years old)

**Please return this form along with payment to:**

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

**Or if graduated within 5 years to:**  
*Garfield Heights High School  
4900 Turney Road  
Garfield Heights, Ohio 44125*

<p><b>Office Use Only:</b> Received by: _____ Amount Received: _____ Date: _____ Records released by: _____ Date: _____</p>
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