

REQUEST FOR TRANSCRIPT OF GRADES



Northmont High School and Northmont Secondary Academy

4916 National Road, Clayton, OH 45315
937.832.6038 FAX



Former students: jschiavone@northmontschools.net 937.832.6006 Current students: ssarver@northmontschools.net 937.832.6014

1. This form must be completed before a transcript of your grades (and test scores) will be sent or given to you.
Complete one of these forms each time you wish for your grades to be sent.
(Be sure that you submit this form for your final grades 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.
(In some cases, this could include an application form and/or check.)
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:
 Preliminary transcript - before graduation Final transcript - after graduation Letter – graduation verification only

Year of graduation or last date attended _____

Student Name and information

Student Name _____
(include maiden name if married)

Student Address *(current)* _____

City _____ State _____ Zip _____

Phone Number _____

Date of Birth _____

Recipient Name and information *to receive transcript:*

College Name and/or Person's Name *to receive transcript* _____

MAIL: _____
Address *(if being mailed)* _____

City _____ State _____ Zip _____

E-MAIL: _____
Only needed if your transcript is to be emailed.

FAX : _____
Only needed if your transcript is to be faxed.

PICKUP - all fees must be paid

COMMON APP - _release my information to all common app schools
all paperwork must be attached.

DEADLINE DATE - _____ required for this application

I hereby give my permission for my transcript and ACT/SAT test scores to be sent to the above school, college or agency.

Student ID# _____

** All fees must be paid if you are requesting a copy for yourself.

↑ Student Signature ↑

ONLY for Special Education Students:

- Check if giving permission for IEP and ETR documentation to be included with transcript.

Required only for special education records: Parent Signature - _____

DO NOT WRITE BELOW 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 _____

Included: \$, app, activities, college prep, essay, fin aid app, profile, recommend/counselor, recommend/teach, resume, school report, signature page transcript

↓
↓
↓
↓
STUDENT LAST NAME

↑
↑
↑