

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:** [rskaroupka@northmontschools.net](mailto:rskaroupka@northmontschools.net) 937.832.6006

**Current Students:** [nadams@northmontschools.net](mailto: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 _____	