

Transcript Request

To request a copy of your transcript and medical records, please mail a copy of this form with a \$2.00 check or money order to:

Fairfield Senior High School
8800 Holden Blvd.
Fairfield, Ohio 45014
Attn: Student Services/Transcript Request

I request that a copy of my transcript be sent to the following:

Name/College: _____

Address: _____

City/State/Zip: _____

Colleges will only accept **OFFICIAL** transcripts. Transcripts must be received in a sealed envelope with the school seal. If you would like a copy for your records, this would be considered **UNOFFICIAL**.

Personal Information:

Student's Name: _____

Last Name

First Name

Middle

Maiden Name: _____ Date of Birth: _____

Graduation or Withdrawal Date: _____

Please specify the type and number of transcripts needed:

_____ Official transcript _____ Unofficial transcript

I understand there is a \$2.00 fee for each transcript request. Please make check or money order payable to Fairfield High School.

Signature: _____ Date: _____

Telephone Number: (_____) _____

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(Office Use Only)

Date Fee Paid: _____ Check #: _____ Cash: _____

Date Transcript Mailed: _____