

Colerain High School

Request for Transcript
(former student)

Name _____
(Last) (First) (Middle)

Maiden Name (if applicable) _____

Current Address: _____

Phone Number: _(____)_____ Date of Birth: _____

Year graduated from Colerain High School: _____

If you did not graduate from Colerain H S, list the years you attended CHS _____

Indicate the address of the college the transcript is to be sent:

I hereby grant permission for Colerain High School to release my official transcript to the above named college/address.

Signature

Date

**Please allow One Week to process this request by the Guidance Department
\$2.00 CASH is required for each official transcript.**

Return this form to: Colerain High School
Guidance Office
8801 Cheviot Road
Cincinnati, Ohio 45251