NORTH OLMSTED CITY SCHOOLS
Pupil Services Department
26669 Butternut Ridge Road
North Olmsted, Ohio 44070
(440) 588-5333
Fax: (440) 588-5372

TRANSCRIPT REQUEST FORM

There is a **$3.00 charge** for the initial copy of your transcript and a **$1.00 charge for any additional copies** that are made at that time. The fee must be paid before the transcript can be mailed.

A copy of your Photo I.D. or Driver's License is required & must accompany the request before records will be released.

*** The transcripts for students who have graduated within the last five (5) years are at The North Olmsted High School Guidance Department. For information, call the NOHS Guidance Department at (440) 588-5815.***

PLEASE PRINT!

NAME: _____ _____
(First) (Middle) (Last) Maiden Name (if applicable)

Year of Graduation _____ OR Year of Withdrawal _____

Date of Birth: _____ Phone Number: _____

Address: _____

Signature: _____ Date: _____

☐ Cash or ☐ Check # _____ (payable to North Olmsted Board of Education)

Payment Enclosed: $_____

☐ **If the transcript is going directly to the graduate, it will be an UNOFFICIAL transcript.**

☐ Please send an **OFFICIAL STAMPED** copy of my transcript to:

_____
Name of Institution

_____
Address

_____
City, State, Zip

For Office Use Only:

Transcript(s) sent _____ by _____
Date