

Counseling Center
Northmont High School
4916 National Road
Clayton, OH 45315
Phone 937 832-6014 FAX 937 832-6038

REQUEST FOR TRANSCRIPT OF GRADES

Notice to Students

1. This form must be completed before a transcript of your grades (and test scores) is sent.
NOTE: Complete one of these forms *each* time you wish 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 MAIL/RECEIVE THE TRANSCRIPT AFTER YOUR REQUEST HAS BEEN SIGNED.**
4. Indicate type of transcript requested:
 Preliminary transcript - *before* graduation
 Final transcript - *after* graduation
 Graduation Verification- *letter*

Year of Graduation
Or date of withdrawal _____

Student Name

Person or College to Receive Transcript

Student Address

Address

City State Zip

City State Zip

Date of Birth

Check if you **applied electronically**
 Check if this application has a **deadline**
if yes, **deadline date** _____

Student ID#

Social Security No. - - -

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

Home Phone Number

Signature

DO NOT WRITE BELOW THIS LINE

Date request received in office _____ by _____ PrepHQ

Date request to counselor _____ by _____

Date transcript forwarded _____ by _____ PrepHQ

Included: ___ \$, ___ app, ___ activities, ___ col prep, ___ essay, ___ fin aid app, ___ profile, ___ rec/cnslr, ___ rec/tchr, ___ school report, ___ transcript

STUDENT LAST NAME