



**MIDDLETOWN**  
 CITY SCHOOL DISTRICT  
 Education that  
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**OFFICE OF THE SUPERINTENDENT**  
 Superintendent: Marlon J. Styles, Jr.

To request a copy of your transcript and/or medical records, please mail, or email a copy of this form with a \$3 money order to:

Middletown City Schools  
 One Donham Plaza, 4th Floor  
 Middletown, Ohio 45042  
 Attn: Jane Kash / Transcript Request  
[jkash@middletowncityschools.com](mailto:jkash@middletowncityschools.com)  
 513/423-0781 (O) 513/420-4579 (FAX)

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

Name/School \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Personal Information: (Please Print)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Graduation or Withdrawal Date: \_\_\_\_\_

**I understand the Middletown City School District requires a \$3 fee for each transcript. Please make money order(s) payable to Middletown City Schools.**


Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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-  **DISTRICT OFFICES** One Donham Plaza, 4th Floor, Middletown, Ohio 45042
-  513.423.0781
-  513.420.4590
-  [www.middletowncityschools.com](http://www.middletowncityschools.com)

**SUPERINTENDENT**  
 Marlon J. Styles, Jr.  
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