



OFFICE OF THE SUPERINTENDENT

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**MIDDLETOWN CITY SCHOOLS
TRANSCRIPT REQUEST FORM**

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

Middletown City Schools
One Donham Plaza, 4th Floor
Middletown, Ohio 45042
Attn: Shirley Kunk / Transcript Request

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: _____

Telephone Number: (____) _____

(Office Use Only)

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

Date Transcript Mailed: _____