



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 \$3.00 money order to:

Middletown City Schools

One Donham Plaza

Middletown, OH 45042

Attn: Janie Kash/ 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/Withdrawal Date _____

I understand the Middletown City School District requires a \$3.00 fee for each transcript. Please make money order(s) payable to Middletown City Schools.

Signature _____ Date _____

Phone Number _____

(Office Use Only)

Date Fee Paid _____ Check # _____ Cash _____ Credit card _____

Date Transcript Mailed _____