

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: Kristy Pheanis/ Transcript Request
kpheanis@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/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 _____