



**Avon Lake High School**  
*Guidance Office*  
175 Avon Belden Road  
Avon Lake, OH 44012  
Phone (440) 933- 6290 • Fax (440) 930-2798

## TRANSCRIPT REQUEST FORM

### **Personal Information:**

Current Name: \_\_\_\_\_  
Former Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
High School Graduation Date/Year: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Telephone: \_\_\_\_\_

I give Avon Lake City Schools permission to send my transcript to the following school, institution or place of employment listed below:

### **School/Institution/Place of Employment:**

#### Send Paper Copy to:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

#### OR---Send Electronic Copy to:

Email Address: \_\_\_\_\_

Return to: [christine.delili@avonlakecityschools.org](mailto:christine.delili@avonlakecityschools.org)