



## Avon Lake High School

*Office of the Registrar*

175 Avon Belden Road

Avon Lake, OH 44012

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### 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: \_\_\_\_\_

##### Send Electronic Copy to:

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