



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@alcsch.org