



REQUEST FOR SYCAMORE HIGH SCHOOL TRANSCRIPT (FORMER STUDENT)

Return this form to: Registrar, Sycamore High School, 7400 Cornell Road, Cincinnati, OH 45242.
Fax number: 513-489-7425. Please allow at least two weeks for processing by the Counseling
Department from the receipt date of this request.

Name: _____
(Last) (First) (Middle)

Maiden name (if applicable): _____

Date of Birth: _____
(Month) (Date) (Year)

Current address: _____

Email address: _____

Phone number: (_____) _____

Year graduated Sycamore High School: _____

If you did not graduate from Sycamore High School, list the years you attended SHS _____

Please indicate the name and address to which the transcript is to be sent: _____

Please indicate below if other documents (SAT/ACT scores, etc.) are to be sent (if available in file):

I hereby grant permission for Sycamore High School to release my official transcript to the above address.

(Signature)

(Date)

(Printed name)

OFFICE USE ONLY	Date received _____	Received by _____
	Date sent _____	Sent by _____