

TRANSCRIPT RELEASE/REQUEST

Please Print

Name _____

Date of Birth _____

Maiden Name (if applicable) _____

ID# (if current student) _____

Graduation Year _____

Last Year Attended (if you did not graduate) _____

Phone Number _____

_____ Number of Transcript Requested

Check here if you will pick up _____

Mail transcripts to – school name and complete address (use other side you need more space)

Student's Signature _____

Date _____

Parent's Signature (if under 18 years of age) _____

Return to: Mrs. Lou Shipley
Springfield High School and Junior High
1880 Canton Road
Akron, Ohio 44312

Phone: (330) 798-1002 ext. 545220 Fax: (330) 798-1160