

FINNEYTOWN SECONDARY CAMPUS

8916 Fontainebleau Terrace Cincinnati, OH 45231
Phone: 513-931-0712 Fax: 513-728-7230

TRANSCRIPT REQUEST

(Former students only)

This completed form should be returned to the Guidance Office located on the Finneytown Secondary Campus at the address listed above, by email to chopkins@finneytown.org or by fax to 513-728-7230. Please allow up to 5 to 10 business days for processing.

Name: _____
Last name First name Middle name

Maiden name (if applicable): _____

Address: _____

Phone number: () _____ - _____

Email address: _____

Date of Birth: ____/____/____

Year of Graduation: _____

If you did not graduate, list the years you attended FHS _____

PLEASE CHECK ONE OF THE FOLLOWING:

____ I would like an **unofficial** transcript sent to my home address listed above.

____ I would like an **official** transcript sent or faxed to a college, employer or other.

____ I would like to pick up an **unofficial** copy from the school.

Name and address of transcript recipient:

Name: _____

Address: _____

City State Zip: _____

Attn: _____

Fax number: _____

I hereby grant permission for Finneytown Local Schools to release my official transcript to the above address.

Signature _____ Date: ____/____/____

OFFICE USE ONLY:

Date received ____/____/____

Date mailed ____/____/____

Date faxed ____/____/____

Date emailed ____/____/____

Date picked up ____/____/____

Marked on student folder _____