

Salem High School Transcript Request Form

Salem High School
 Attn: Debbie Altenhof
 1200 E. 6th St.
 Salem, Ohio 44460
 Fax: 330-332-8949

The transcript of an academic record is an " education record," as defined by P.L. 93-380. In addition to academic information, it may contain personally identifiable and directory information such as date of birth, high school graduation date, etc. Except as provided by law, a transcript is only released upon prior written consent of the student.

Notes:

- Allow 3-5 working days for processing
- All financial obligations must be paid before transcripts will be released.
- Use a separate form for each different mailing address to which you desire transcripts sent.
- Print (lines will print) and return this form to Salem High School either by mail or fax.
- \$2.00 per transcript is required.

I hereby authorize Salem High School to release the transcript of my academic record. - Please print clearly and carefully in all areas below.

Signature:	
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Date:	
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Mail transcript to:(Please print clearly)	Fax transcript to: (Name of recipient and Fax #)

Note: Transcripts sent directly to a student are marked " unofficial" ; a third party may not accept these transcripts.

Graduation Date:	
Non-Graduates, list last date attended:	
First Name:	
Middle Name:	
Last Name:	
Maiden/Former Name(s):	
Current Address:	
City, State, Zip Code:	
Telephone Number:	
Date of Birth:	

For Office Use Only

Date Issued:	
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