

# Colerain High School

Request for Transcript  
(former student)

Name \_\_\_\_\_  
(Last) (First) (Middle)

Maiden Name (if applicable) \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_(\_\_\_\_)\_\_\_\_\_ Date of Birth: \_\_\_\_\_

Year graduated from Colerain High School: \_\_\_\_\_

If you did not graduate from Colerain H S, list the years you attended CHS \_\_\_\_\_

Indicate the address of the college the transcript is to be sent:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby grant permission for Colerain High School to release my official transcript to the above named college/address.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please allow One Week to process this request by the Guidance Department  
\$3.00 CASH is required for each official transcript.**

Return this form to: Colerain High School  
Guidance Office  
8801 Cheviot Road  
Cincinnati, Ohio 45251