

Northwest Local School District
Request for Student Transcripts Prior to 1982

Name _____ DOB _____
 (Last) (First) (Middle)

Name while in school _____

Current Address: _____

Phone Number: (____) _____

Year and school graduated from _____

Where the transcript is to be sent: Current Address _____ or Address Below _____

School or Company Name _____

Address _____

City, State and Zip _____

To Whose Attention: _____

I hereby grant permission for **Northwest Local School District** to release my official transcript to the above named college/address.

Signature

Date

Please allow one week to process this request by Student Services.
Please make sure all areas are filled out so process is not delayed.
\$3.00 is required for each official transcript.
Cash or checks payable to NWLSD

Return this form to: Northwest Local School District
Student Services
3240 Banning Road
Cincinnati, Ohio 45239

Phone 513-923-1000 ext. 3912