

MEMORIAL HIGH SCHOOL TRANSCRIPT REQUEST FORM

Parent, Guardian, or Student (if 18 years old): I give my consent for the St. Marys City Schools to send all grades, health and attendance records, and standardized test data to:

_____ College _____
High School / College High School _____
_____ Personal _____
Street _____
_____ City _____ State _____ Zip _____
Reason: (moving to -----, entering college at -----, job application)

Date _____ Name _____

If currently in high school: Grade _____

If a graduate: Year of Graduation _____ Date of Birth ___/___/___

Signed: _____

** Parent, Legal Guardian, Student

**Please underline which is applicable

I understand that I have the right to receive a copy of the record if desired, and have an opportunity to challenge the content of the record.

Complete the above form and mail or FAX to:

Memorial High School
101 W. South St.
St. Marys, OH 45885

FAX – 419-394-1932