## MEMORIAL HIGH SCHOOL TRANSCRIPT REQUEST FORM

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

High School/College			College High School Personal
Street			-
City	State	Zip	-
Reason: moving to		-	
entering college at			, job application
Date	_ Name		
If currently in high school	ol: Grade		
If a graduate: Year of G	aduation		Date of Birth//
Signed: Parent, Legal		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 2250 State Route 66 St. Marys, OH 45885-9355

Fax-419-394-1932

## St. Marys City Schools

Administrative Offices 2250 State Route 66 St. Marys, OH 45885-9355 Phone: 419-394-4312 FAX: 419-394-5638

FAX: 419-394-5638 http://www.smriders.net



This is to advise the Administration	on office and the Board of Educa	ation that
(organization or c		presented a donation of
	(item description)	
to St. Marys City Schools at	(building)	
on We hav (date)		
	(purpose)	·
\$(value)		
Receipt acknowledged by:		
(signature)	(date)	
Approved:(building princ	cipal)	
Board of Education President App	oroval: (signature)	(date)
Please complete this form upon th groups and forward to the Treasu donor.	ne receipt of any gift or donation rer's Office. This slip could serve	from individuals or e as a receipt for the