



**TRANSCRIPT REQUEST**

**Transcripts cost \$4.00 per certified copy (pickup/mailed) \$6.00 per copy (faxed) and must be paid prior to request being filled.**

**Form of payment accepted: Cash, Money Order, Credit Card – Personal Check not accepted.**

**For Office Use Only**

Request received by: \_\_\_\_\_  
Date of request: \_\_\_\_\_  
Paid: \$ \_\_\_\_\_ VIA: \_\_\_\_\_ Date: \_\_\_\_\_  
Receipt number: \_\_\_\_\_  
Request completed by: \_\_\_\_\_

**Please provide the following:**

Name \_\_\_\_\_  
Last Maiden First MI

Year of Graduation \_\_\_\_\_ or Year of Withdrawal \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_

Hold Transcript for pickup

Mail Transcript To: \_\_\_\_\_

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

Fax Transcript To: \_\_\_\_\_

Fax: \_\_\_\_\_

**I give Xenia Community Schools permission to release my school transcript to myself or the above listed recipient.**

\_\_\_\_\_  
Signature