



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