



**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.**

**Please provide the following:**

For Office Use Only	
Request received by:	_____
Date of request:	_____
Paid: \$ _____ VIA: _____	Date: _____
Receipt number:	_____
Request completed by:	_____

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