



**REQUEST FOR TRANSCRIPT  
(Graduate / Former Student)**

Student Name: \_\_\_\_\_  
(Last) (First) (MI) (Maiden, if applicable)

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Phone No: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

- ♦ Year graduated from Mariemont High School: \_\_\_\_\_
- ♦ If you did not graduate from MHS, list the years in which you attended: \_\_\_\_\_
- ♦ Please indicate the name(s) and address(es) to which the transcript is to be sent:

_____	_____
_____	_____
_____	_____
_____	_____

I hereby grant permission for Mariemont High School to release my official transcript to the above institution(s).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return this completed form to:

Mariemont High School  
Attn: Mrs. Judy Dunlap  
1 Warrior Way  
Cincinnati, OH 45227  
jdunlap@mariemontschools.org

**Please allow three (3) business days for your request to be processed. Thank you!**

- \* *We will be happy to provide (email) to you a copy of your transcript.*
- \* *A transcript is considered official only when it is mailed directly from Mariemont High School.*