

**W. E. Stebbins High School
1900 Harshman Road
Riverside, OH 45424
FAX: 937-237-4262**

TRANSCRIPT - REQUEST FOR RELEASE OR TRANSFER OF SCHOOL RECORDS

Student Name (Maiden): _____ Date of Birth: _____

Address: _____ Phone: _____

Year of Graduation / Withdrawal (Circle One): _____

Release Records to: Self: () Check OR:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Reason for Release:

Employment: _____ Verification of School Enrollment: _____

College: _____ Other: _____
(Please Explain)

Printed Name

Signature

Date of Request

The school is not responsible for the confidentiality of records when records are released.

(Transcripts will not be released if there are any debts owed)