



801 OLD HARSHMAN RD
DAYTON, OH 45431
FAX: 937-259-6611

**REQUEST FOR RELEASE OF TRANSCRIPT OR
TRANSFER OF SCHOOL RECORDS**

Name at Time of Graduation or Withdrawal (Maiden): _____
Last First Middle Initial

Date of Birth: _____

Current Address: _____ Phone: _____

Year of Graduation / Withdrawal (Circle One): _____

Records Requested (Please check)

High School Transcript Immunization Records Only Other _____

Release Records to (Please check one) Self College or Employer

Name: _____

Address: _____

City _____ State: _____ Zip: _____

Reason for Release

Employment: _____ Verification of School Enrollment: _____

Post High School: _____ Other: _____
(Please Explain)

Printed Name

Signature

Date of Request

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