



CUSTOMER HELP CENTER INACTIVE RECORDS DEPARTMENT
Student Record Request Form

THIS FORM MUST BE COMPLETED AND ALL FEES PAID PRIOR TO THE RELEASE OF INFORMATION.

Transcript Request = \$5.00 per request
Student Graduation Verification = \$2.00 per request
Other Records Information = \$2.00 per request

Date: _____

Your Current Information:

Send OFFICIAL COPIES to:

Name: _____
First M.I. Last
Date of Birth
Street/Apt #
City/State Zip Code
Phone Number

School/Employer Name
Street/PO Box
Office/Department/Suite #
City/State Zip Code
Phone Number

Have you, an employer, or a school requested your student records from this office in the last 2 years? [] Yes [] No

Are you requesting the records be mailed to your address (this copy will be unofficial)? [] Yes [] No

Other names under which you may have attended: _____

Last High School Attended: _____

Mother/Father/Guardian's Name: _____

GRADUATE: [] Yes [] No YEAR OF GRADUATION: _____

NON-GRADUATE: [] Yes [] No LAST YEAR OF ATTENDANCE: _____

Signature (required): _____

PLEASE ALLOW 6-8 WEEKS FOR PROCESSING

NO PERSONAL CHECKS Cash or money order is accepted. Make money orders payable to Cincinnati Public Schools.

Sign and return along with applicable payment to the address of your high school or location.

If the request is for an INACTIVE RECORD, please send your request, a copy of your State I.D. or Drivers License, and payment to: Cincinnati Public Schools, Attn: Inactive Records, P.O. Box 5381, Cincinnati, Ohio 45201-5381 Please call: (513) 363-0438 with any questions or concerns

FOR OFFICIAL USE ONLY

Request for: [] Transcript [] Student Graduation Verification [] Other Record Information

State ID/Driver's License #: _____

BOX NUMBER OR PERSON

DATE SHIPPED OUT STAMP HERE

BOX NUMBER OR PERSON

\$ _____ RECEIPT # _____