



## Alumni Transcript Request Form

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Maiden Name (if applicable): \_\_\_\_\_

Graduation Year: \_\_\_\_\_

Birth Date: \_\_\_\_\_

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

\_\_\_\_\_

Send Transcript to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By signing this form, I give Carroll High School the permission to release my transcript: \_\_\_\_\_ Date: \_\_\_\_\_

There is a \$5 Processing Fee to mail transcripts within the United States. The International Processing Fee is \$10. Make checks payable to Carroll High School. Mail this completed form with payment to:

Carroll High School

Attn: Guidance Office

4524 Linden Avenue

Dayton, Ohio 45432