



Graduate Transcript Request Form

School Policy stipulates that no student information will be shared with an organization or person without the consent of the student.

Consequently, until we receive the authorized signature on the form below, we cannot send any information to designated persons or organizations. Please complete and return this form to Trinity High School.

If you have questions regarding this form, please contact our business office at (216) 581-5751.

_____ hereby requests that
(student's name - maiden, if married)

Trinity High School release my transcript to the organization(s) listed below:

Organization	Date Requested
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1. _____
2. _____
3. _____

Personal Information

(please print)

Name (maiden if married): _____

Address: _____

Phone: _____

Graduation Year: _____

Signature: _____

Date: _____

Send this form and \$3.00 per transcript request to:
Trinity High School | ATTN: Records | 12425 Granger Road | Garfield Heights, Ohio | 44125
Please make checks payable to Trinity High School

This form is for Trinity graduates only. Senior transcript requests should be made through the guidance office.