Transcript Release Form

HIGHLAND HIGH SCHOOL
4150 Ridge Road - Medina Ohio 44256
(330) 239-1901

Highland High School has my permission to release the transcript, including test scores of:

_____

Name of student while in attendance at Highland High School

_____ _____

Date of Birth Year of Graduation

Please mail an official transcript to the attention of:

_____

(College, Institution, Individual)

Mailing Address: _____

_____

_____

City State Zip

_____ _____

Signature of Student or Parent if under 18 years of age Date

Please mail this form to: Transcript Request
Highland High School
4150 Ridge Road
Medina, Ohio 44256

Enclose payment of $2.00 per transcript request.

Date Received: _____
Date Mailed: _____
6/07