



Madeira High School

Request for Transcript (Former Student)

Name _____
(Last) (First) (Middle)

Maiden name (if applicable): _____

Current address: _____

Phone number: () _____

Graduation Year from Madeira High School: _____

If you did not graduate from Madeira High School, list the years you attended MHS _____

Please indicate the address to which the transcript is to be sent (include name of institution or person to receive transcript if different from above):

I hereby grant permission for Madeira High School to release my official transcript to the above address.

(Signature)

(Date)

Please list here if other documents (SAT/ACT scores, etc.) are to be sent (if available in file):

***FOR REQUESTS MADE BETWEEN JUNE 10 AND AUGUST 1 – PLEASE CONFIRM RECEIPT BY CALLING 513-891-8222**

Return this form to: Registrar
Madeira High School
7465 Loannes Drive
Cincinnati, OH 45243

Madeira High fax – (513) 924-3714*

office use only
date received _____ by _____
date sent _____ by _____