



Clermont Northeastern High School
home of the ROCKETS

5327 Hutchinson Road
Batavia, Ohio 45103

Phone: 513-625-1211

Fax: 513-625-3328

ALUMNI REQUEST FOR HIGH SCHOOL TRANSCRIPT

GUIDELINES:

- Type or clearly print in ink all requested information.
- Enclose required \$3.00 fee. Check or money order made payable to CNE High School.
- This application must be signed in ink by applicant.

A) NAME USED WHILE IN HIGH SCHOOL			APPLICANT'S CURRENT NAME & ADDRESS				
LAST NAME (PRINT)		FIRST NAME	M.I.	CURRENT LAST NAME (PRINT)		FIRST NAME	M.I.
DATE OF BIRTH Month Day Year			TELEPHONE NO.	SOC. SEC. NO. (last 4 digits) XXX-XX-			CURRENT ADDRESS
PARENT(S) LAST NAME, FIRST NAME			GRADUATION YEAR	CITY	STATE	ZIP	

OFFICIAL TRANSCRIPTS WILL ONLY BE SENT DIRECTLY TO COLLEGE OR EMPLOYER

B) RECIPIENT(S): Enclose payment for each recipient.	
<input type="checkbox"/> Check here for copy to be sent to applicant's current address listed above.	
Name of person/department (College / Employer)	
Name of College / Employer	
Address	
City	State Zip

C) PAYMENT: Check or Money Order

Submit application with \$3fee for each
recipient made payable to:
Clermont Northeastern H.S.

Mailing Address:

**Clermont Northeastern High School
Attn: Guidance Office
5327 Hutchinson Rd
Batavia, OH 45103**

If you have more college/employer recipients, please include recipient information on reverse side.
Please allow 1-2 weeks for delivery.

I have completed sections A, B, and C accurately and enclosed the correct fee.
I understand that fees are nonrefundable and that this application will be returned to me if it is incomplete.

Applicant's Signature: _____ Date: _____