TRANSCRIPT REQUEST FORM OLD FORT LOCAL SCHOOLS

NAME:			
(Print) Last	First	Middle/Maiden	
TODAY'S DATE:		BIRTHDATE:	
		ZIP:	
PHONE NO.:			
SIGNATURE:			
(Must have signature or	transcript cannot b	e sent)	
SOCIAL SECURITY NO			
GRADUATION DATE:			
LAST DATE OF ATTEN	DANCE:		
MAIL TRANSCRIPT TO	:		
or		5	
WILL PICK UP TRANSC	RIPT ON (DATE):		
◆ PLEASE NOTE: AL TRANSCRIPT WILL E ◆ Former Old Fort studen the same time); this fee is Current Old Fort student	L FINANCIAL OB BE PROCESSED. Its will be charged \$2 subject to change at the will not be charged orking days for process	LIGATIONS MUST BE M. 2.00 per transcript (\$1.00 for anytime. Make checks payad.	TET BEFORE
Transcript requests can b ATTN: Guidance Office	e sent to:	FOR HIGH SCHO	OL USE:
Old Fort Schools 7635 N. Co. Rd. 51			Amount Paid:
Tiffin, OH 44883		Clerk:	