

Valley High School

Guidance Department

1821 St Route 728

Lucasville, OH 45648

Phone (740) 259-6631/6632

FAX (740) 259-6639



Transcript Request Form

Date of High School Graduation: _____

Name at time of Graduation:

Last First Middle Date of Birth

Current daytime phone number: _____

How many copies of your transcript do you need? _____

Do you need your shot record? _____

____ I will pick up information ____ Please mail or FAX to the address below

____ Please FAX to: _____ Attention: _____ @ _____
FAX number Name of person Name of College/Business

____ Please mail to: Name of University: _____

Address: _____

City/State/Zip: _____

Attention: _____

Signature: _____ Date: _____