TRANSCRIPT REQUEST FORM

SPRINGFIELD NORTH HIGH SCHOOL ~ SPRINGFIELD SOUTH HIGH SCHOOL

&

SPRINGFIELD HIGH SCHOOL GRADUATES

Print, complete, SIGN, and return this form along with $2.00 per transcript
(We cannot accept debit cards)

Make check or money order payable to:

Springfield High School

701 E. Home Road

Springfield OH 45503

Student Full Name (*at time of graduation*)_____

Please print legibly

Date of Birth _____ (optional) SS#_____
(month – day – year)

Which High School attended/graduated from (circle one): **North HS** **South HS** **Springfield HS**

When did you **Withdraw** or **Graduate?** _____
(circle one) (year)

_____
SIGNATURE REQUIRED

(_____)_____-_____
(daytime phone number)

WE CANNOT FAX OFFICIAL TRANSCRIPTS!

Please provide the complete mailing address where your transcript is to be sent and to whose attention:

_____

_____

_____

_____

Please note it takes approximately 24 - 72 hours from the time all details are in-hand to when the transcript will be mailed.

Springfield High School Office hours are 7:00am – 4:00pm Monday – Friday.
Registrar (937)505-4342

NOTE: Currently enrolled students who have not yet graduated are to see their counselor regarding transcript requests.