

Transcript Request Form

Please complete and remit \$2.00 for each transcript to:

Logan Elm Guidance Department
Attn: Stephanie Swackhamer, Guidance Secretary
9575 Tarlton Road
Circleville, Ohio 43113

Name: _____

Date of birth: _____

Maiden name (if applicable): _____

Any other names that may appear on your records:

Date of graduation or last year of attendance: _____

Current phone number or e-mail address:

Name, address and/or a fax # where you would like transcript sent:

PLEASE NOTE: Colleges generally want an official transcript to be sent directly from the high school.

Signature: _____ Date: _____