



Northwestern High School

5780 Troy Road, Springfield, OH 45502

Office hours: M-F, 7AM - 3PM 937-964-1324

www.northwestern.k12.oh.us

Transcript Request Form

\$2.00 fee per transcript

Student Name (at time of graduation): _____

Current Name (if different): _____

Date of birth: _____ Graduation year: _____

Address: _____

Phone #: _____ Email: _____

I give Northwestern High School permission to process ___ copies of my official transcript as indicated below.

Signature: _____ Date: _____

- I will pick up at the Northwestern Jr/Sr High School office when completed.
Please contact me at _____ to schedule pickup.
- Please mail to me at the address listed above.
- Please send to the school/business listed below.

School/business: _____

Address: _____

Department: _____

To the Attention of: _____ Phone: _____

For office use only

Received: _____ Prepared: _____ Mailed/Picked Up: _____

Fee paid by: check # _____ \$ _____, cash \$ _____, other _____ \$ _____

Notes: _____

