Clinton Massie High School

Request for Transcript (Former Student)

Name: _____
(Last) (First) (Middle)

Maiden name (if applicable): _____

Current Address: _____

_____

_____

_____

Phone Number: _____

Year graduated Clinton Massie High School: _____

If you did not graduate from Clinton Massie School, list the years you attended CMHS _____

Please indicate the address to which the transcript is to be sent:

_____

_____

_____

_____

I hereby grant permission for Clinton Massie to release my official transcript to above address.

_____
(Signature)

_____
(Date)

PLEASE ALLOW AT LEAST TWO WEEKS FOR PROCESSING BY THE GUIDANCE DEPARTMENT FROM THE RECEIPT DATE OF THIS REQUEST.

Return this form to: Counseling Dept.
Clinton Massie High School
2556 Lebanon Rd
Clarksville, Ohio 45113
Phone: (937) 289-1074
Fax: (937) 289-7019
Email: dpotts@clinton-massie.k12.oh.us or sberes@clinton-massie.k12.oh.us