

LICKING HEIGHTS LOCAL SCHOOLS

4101 Summit Rd. SW, Pataskala, OH 43062

p. (740) 964-9005 | f. (740) 927-0508

OFFICIAL HIGH SCHOOL TRANSCRIPT RELEASE

Please accept this as my authorization to release my high school transcript:

Name: _____

Maiden Name: _____

DOB: _____

Current Address: _____

Telephone Number: () _____ - _____

Email Address: _____

Graduation Date: MONTH: _____ YEAR: _____

or

Dates Attended: MM/YR: _____ to MM/YR: _____

Mail Transcript to: _____

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

(If student is under 18 years of age)

PLEASE MAIL THIS FORM TO: Licking Heights High School
School Counseling Office
4101 Summit Rd SW
Pataskala, OH 43062

Or Fax to (740) 927-0508

PLEASE ALLOW 3 TO 5 BUSINESS DAYS FOR PROCESSING