

**Office of Student Assignments/Records Center**

**1440 Lakeside Avenue #106**

**Cleveland, OH 44114**

**Phone: (216) 523-6347 Fax: (216) 523-7950**

**PLEASE TYPE OR PRINT (USE DARK INK ONLY)**

**REQUEST FOR TRANSCRIPTS (Inactive/Closed Schools)**

Schools that are still in operation maintain their own records. If the last school you attended is an open/active school within the Cleveland Metropolitan School District, then you must request records from that school.

**All** the following student information is needed when requesting transcripts:

Current Name: \_\_\_\_\_  
Last Name First Name MI

Address: \_\_\_\_\_  
Street City State Zip Code

Former/Maiden Name: \_\_\_\_\_  
Last Name First Name MI

Date of Birth: \_\_\_\_\_ Daytime Telephone Number: ( ) \_\_\_\_\_

\*Last Cleveland Municipal School Attended: \_\_\_\_\_

Year Attended: \_\_\_\_\_ (Check One)  Graduation Verification  Transcript Request  Verification of Birth

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

**Please include a stamped envelope that bears the address of the recipient(s).**  
**Requests take 10-15 business days to process.**

**Requested Information To Be Sent To:**

Name of Business/College: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

**Requested Information To Be Sent To:**

Name of Business/College: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Requestor Signature: \_\_\_\_\_ Date: \_\_\_\_\_