

Transcript Request Form for Oak Hills Graduates

Name (First, Last, Maiden) _____

Date of Birth _____ Year of Graduation _____

Daytime Phone Number _____

Send Transcript to:

School/Person: _____

Address: _____

By submitting this completed form, I authorize Oak Hills High School to forward a transcript to the address listed above. The Family Educational Rights & Privacy Act of 1974 states that in order to release school records, a signature must be provided.
Signature – Required Parent Signature – Required if student is under 18 years of age.

(Signature-Required)

(Parent Signature-Required if Student is Under 18 yrs.)

The cost to complete this request is \$3.00 per transcript. This completed form should be mailed along with a check or money order made payable to Oak Hills High School to the address listed below. Please do not send cash in the mail.

Oak Hill High School
Attn: Transcripts
3200 Ebenezer Road
Cincinnati, Ohio 45248

Method of Payment: _____ Check # _____

_____ Money Order

_____ Cash – (walk in requests only)

Your request will be processed within 3 to 5 business days.