

St. Bernard-Elmwood Place High School

Request for Transcript (Former Student)

Name _____
(Last) (First) (Middle)

Maiden Name (if applicable) _____

Current Address _____

Phone Number _____

Year graduated St. Bernard-Elmwood Place High School, list the years you attended SBEPHS _____

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

I hereby grant permission for the St. Bernard-Elmwood Place High School to release my official transcript to the above address.

(Signature)

(Date)

**PLEASE ALLOW AT LEAST ONE WEEK FROM THE RECEIPT OF THIS
REQUEST FOR PROCESSING.**

Return this form too:
St. Bernard-Elmwood Place High School
Attn: Crystal Brinck
4615 Tower Ave.
St. Bernard, OH 45217

**St. Bernard-Elmwood Place HS Fax
(513) 641-4878**