

TRANSCRIPT REQUEST FORM
There is a \$5.00 charge for each transcript

Name on transcript (name at graduation): _____

(Maiden name): _____

Year of Graduation or Withdrawal: _____

Please Mail to the Address below:

OR

I will pick up _____

Total transcripts being ordered _____ x \$5.00 = _____ total enclosed

Signature: _____

Phone number: _____ Cell phone number: _____

Date: _____

Please mail this form along with a check or money order made payable to Perry High School to:

Perry High School
Guidance Office/Transcript Request
3737 13th St. SW
Massillon, Ohio 44646