



# THREE RIVERS LOCAL SCHOOL DISTRICT

Taylor High School, 56 Cooper Ave, Cleves, OH 45002  
Kim Kurzhals, Guidance Office: 513-467-3200 X1251 • Fax 513-467-0053

## Taylor High School Official Transcript Request

*Please complete this form and submit it to the Enrollment/Records office along with the \$5.00 processing fee. Please allow 7 – 10 business days after request is received for processing.*

Name (Last, First, Middle) \_\_\_\_\_

Maiden Name or Name while attending THS \_\_\_\_\_

Phone Number (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Year of Graduation \_\_\_\_\_

Name & Address of School or Employer to receive transcript:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please Note:** Transcript Requests may take up to 10 business days to be completed. Official Transcripts cannot be sent by fax or e-mail. Transcripts and/or records cannot be released if a student has an outstanding fee balance. Once fees are paid in full, a transcript can be released.

I authorize the release of an official copy of my high school transcript to the address listed above.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

-----Office Use Only-----

Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_ Paid – Cash \_\_\_\_ Check \_\_\_\_

Date Completed \_\_\_\_/\_\_\_\_/\_\_\_\_

Completed By: \_\_\_\_\_

Notes \_\_\_\_\_