

TRANSCRIPT REQUEST

Mail to: Norwalk High School
Guidance Office
350 Shady Lane Dr.
Norwalk, OH 44857

Email to: hsguidance@norwalktruckers.net

Date Submitted: _____

Date of Birth: _____

Last Attended/Year of Graduation: _____

Phone: _____

Last Name

(Maiden)

First

Middle

Other name used during high school (if applicable)

Address

City

State

Zip

Please send transcript to:

Name of college/scholarship/employer

Address

City

State

Zip

Name of contact person (if any): _____

Date: _____

Signature

(Type this signature IF this form will be electronically mailed.)

***Official transcripts can only be sent from institution to institution.**