

# TRANSCRIPT REQUEST

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

Email to: [hsguidance@norwalktruckers.net](mailto: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.**