

## NEW MIAMI LOCAL SCHOOL DISTRICT TRANSCRIPT REQUEST FORM

## Please allow 3-5 business days for processing from the time it is received in our office. If paying by check make payable to: New Miami Local School District

Today's Date Mail after current grades are available Mail after	_Mail to College immediately? Y N (year/semester)
Name: (include all names ever used)	
Street Address:	
City, State, Zip:	
Phone:	
Date of Birth:	
Dates of Attendance or Graduation Date (y	vear):
Mail (# of copies) to address:	
Mail (# of copies) to address:	
Mail (# of copies) to address:	
Fax # ( if transcript is to be faxed): Attn:	
Signature: (required)	

## Transcripts are \$2.00 per copy. Please send all transcript requests to: Guidance Counselor, New Miami Middle/High School 600 Seven Mile Avenue Hamilton, OH 45011

New Miami Local School District 600 Seven Mile Avenue Hamilton, OH 45011 513-863-0833 Fax: 513-863-0497 03/14/2023 Form #36