



# Graduate Transcript Request Form

School policy stipulates that no student information will be shared with an organization or person without the consent of the student.

Consequently, until we receive the authorization on the form below, we cannot send any information to designate persons or organizations. Please complete and return this form to Trinity High School.

If you have any questions regarding this form, please contact our business office at 216.581.5751.

\_\_\_\_\_ hereby requests that  
(student's name - maiden, if married)

Trinity High School release my transcripts to the organization(s) listed below:

Organization	Attention
1. _____	_____
2. _____	_____
3. _____	_____

**Personal Information** (Please Print)

Name (maiden if married): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Graduation Year: \_\_\_\_\_

Email: \_\_\_\_\_

*Email confirmation will be sent when transcript has been processed.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Send this form and \$5 per transcript request to:**  
 Trinity High School • Attn: Records • 12425 Granger Road • Garfield Heights, Ohio • 44125  
*Please make check payable to Trinity High School*

***This form is for Trinity High School graduates only. Senior transcripts requests should be made through the guidance office.***