

HUBER HEIGHTS CITY SCHOOLS
5954 Longford Road, Huber Heights OH 45424
Email: victoria.barros@huberheightscityschools.org
937-237-6300

Request for copy of my (or my child's) School Records

***NOTE: A \$2.00 processing fee is charged per transcript copy, payable via cash or money order.**

Date of Request _____ Year of Graduation _____ Last Year Attended _____
Student's Full Name _____ Maiden Name _____

Date of Birth _____ \ _____ \ _____ Home Phone _____ Work Phone _____
(Month, Day, Year)

Address or FAX number where transcript will be sent

I understand that the Huber Heights City Schools can no longer guarantee the confidentiality of these records. Once a student reaches the age of 18, only the student can authorize the release of confidential records.

Parent, Legal Guardian, Graduate/Student Signature

For Office Use Only:

Date Processed _____ Initials of Processor _____ Mailed _____ Faxed _____ Picked Up _____
vsb:12/09