



Huber Heights City School District

5954 Longford Road Δ Huber Heights, Ohio 45424

Telephone (937) 237-6300 Δ FAX (937) 237-2178

Superintendent: Mario Basora

Email records requests to Lauren Oroszi @ lauren.oroszi@myhhcs.org

Transcript Request Form

(for yourself or for your child)

***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 ____ \ ____ \ ____ School ID # _____ Phone Number _____
(Month, Day, Year)

Address or FAX number where transcript should 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 _____

Emailed Mailed Faxed Picked Up