

NORDONIA HIGH SCHOOL
8006 S. Bedford Road
Macedonia, Ohio 44056
(330) 468-4603 Fax: (330) 908-6038

FILL IN APPLICABLE BLANK
Present Grade _____
Year of Graduation _____
Date Withdrew if applicable _____

\$3.00 fee per transcript (cash or money order)

TRANSCRIPT REQUEST

According to Public Law 93-380, Section 438, which became effective 11/19/74, it is illegal for schools to release information from the cumulative records without the knowledge and consent of the parent, guardian, or student (if 18 years old or over, or married) with certain exceptions.

NAME (maiden) _____ **DATE OF BIRTH** _____ **PHONE** _____

ADDRESS _____

One Request Form will forward records for Juniors/Seniors to ALL COLLEGES and SCHOLARSHIPS

Please forward records or information to: _____
(Include name and address)

SIGNATURE OF PARENT/GUARDIAN _____ **DATE** _____

SIGNATURE OF STUDENT (if over 18) _____