

Geneva High School
Request for Transcript (Former Student)

Name: _____
(Last) (First) (Middle)

Maiden Name (if applicable): _____

Current Address: _____

Phone Number: () _____

Year Graduated from Geneva High School: _____

If you did not graduate from Geneva High School, list the last year you attended
Geneva Schools _____

Please list the address you are requesting your transcript to be sent:

Please list any special instructions: _____

I hereby grant permission for Geneva Schools to release my official transcript to the
above address.

(Signature)

(Date)

This form may be completed and returned via fax to:

Roberta Horvath
Geneva High School
Fax: 440-466-8547

Or: e-mailed to roberta.horvath@neomin.org