

High School Transcript Request

\$7.00 fee per request

Full Name: _____
Last First MI (maiden)

Current Address: _____
Street Number Name

City State Zip

Home Phone number: _____
Area code Number

Cell Phone number: _____
Area code Number

Date of Graduation: (ex. Class of 2005) _____

School/College/University Name: _____

COMPLETE ADDRESS: _____

Signature: _____ Date: _____

Please Mail to: Brookfield High School
Attn: Transcript Request
614 Bedford Rd. SE
Brookfield, Ohio 44403