



THREE RIVERS LOCAL SCHOOL DISTRICT

Taylor High School, 56 Cooper Ave, Cleves, OH 45002

Kim Kurzhals, Counseling Office: 513-467-3200 X1142 • Fax 513-467-0053

Taylor High School Official Transcript Request

Please complete this form and submit it to the high school office along. Please allow 7 – 10 business days after request is received for processing.

Name (Last, First, Middle) _____

Maiden Name or Name while attending Taylor High School _____

Phone Number (____)____-____ Email address: _____

Date of Birth ____/____/____

Year of Graduation _____

Name & Address of School or Employer to receive transcript:

Please Note: Transcript Requests may take up to 10 business days to be completed. Official Transcripts cannot be sent by e-mail unless to an education institute. Transcripts and/or records cannot be released if a student has an outstanding fee balance. Once fees are paid in full, a transcript can be released.

I authorize the release of an official copy of my high school transcript to the address listed above.

Signature _____ Date ____/____/____

-----Office Use Only-----

Date Received ____/____/____

Date Completed ____/____/____

Completed By: _____

Notes _____