

# New Miami Middle/High School Transcript Request Form



**Please allow 3-5 business days for processing from the time it is received in our office.  
If paying by check make payable to: New Miami Local School District**

Today's Date \_\_\_\_\_

Mail to College immediately? Y \_\_\_\_\_ N \_\_\_\_\_

Mail after current grades are available \_\_\_\_\_ (year/semester)

Mail after \_\_\_\_\_

Name: (include all names ever used)

Street Address:

City, State, Zip:

Phone:

Date of Birth:

Dates of Attendance or Graduation Date (year):

Mail \_\_\_\_\_ (# of copies) to address:

Mail \_\_\_\_\_ (# of copies) to address:

Mail \_\_\_\_\_ (# of copies) to address:

Fax # ( if transcript is to be faxed):

Attn:

Signature: (required)

**Transcripts are \$2.00 per copy. Please send all transcript requests to:  
Guidance Counselor, New Miami Middle/High School  
600 Seven Mile Avenue  
Hamilton, OH 45011**