
LITTLE MIAMI HIGH SCHOOL

3001 E. US 22 & 3, Morrow, OH 45152

Transcript Request Form for Little Miami Graduates

Name (First, Last, Maiden) _____

Date of Birth _____ Year of Graduation _____

Daytime Phone Number _____)

Official Transcript ____ (must be in a sealed envelope for college/university)

Unofficial Transcript ____ (for personal use)

Send transcript to (name and address of school if applicable):

By submitting this completed form, I authorize Little Miami High School to forward a transcript to the address listed above. The Family Educational Rights & Privacy Act of 1974 states that in order to release school records, a signature must be provided.

Signature – Required

The cost to complete this request is \$3.00 per transcript. This completed form should be mailed along with a check or money order payable to Little Miami High School to the address listed below.
Please do not send cash in the mail

Little Miami High School
Attn: Transcripts
3001 E. US 22 & 3
Morrow, OH 45152

Method of payment: _____ Check# _____

_____ Money Order

_____ Cash – (walk in requests only)

Your request will be processed within 3 to 5 business days



Kevin Harleman - Principal
Chad Huelmsman - Assistant Principal
Adrienne Sanders - Assistant Principal
Matt Louis - Athletic Director

PHONE (513) 899-3781
FAX (513) 899-4912
www.littlemiamischools.com
