

# St. Bernard-Elmwood Place High School

## Request for Transcript (Former Student)

Name \_\_\_\_\_  
(Last) (First) (Middle)

Maiden Name (if applicable) \_\_\_\_\_

Current Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_

Year graduated from St. Bernard-Elmwood Place High School, list the years you attended

SBEPHS \_\_\_\_\_

Please indicate the address to which the transcript is to be sent:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby grant permission for the St. Bernard-Elmwood Place High School to release my official transcript to the above address.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**PLEASE ALLOW AT LEAST ONE WEEK FROM THE RECEIPT OF THIS  
REQUEST FOR PROCESSING.**

Return this form to:  
St. Bernard-Elmwood Place High School  
Attn: Sheila Rapier  
4615 Tower Ave.  
St. Bernard, OH 45217

**St. Bernard-Elmwood Place HS Fax  
(513) 641-4878**