Records for all former students are retained at:
Strongs ville City Schools Administrative Offices * 18199 Cook Ave. * Strongsville, Ohio 44136
You can mail your request or stop in to fill out the release form and make payment.
We are open Monday thru Friday; 7:30 a.m. to 3:45 p.m. (call for adjusted hours during holidays and summer break).
Please call (440) 846-4137 for questions.

PROCEDURES:

All requests require the following:
- An original signed release form
- All portions must be completed.
- If you don’t have access to a printer, your hand written request must include the following information:
  - Name/Name at time of attendance
  - Date of birth
  - Date of graduation
  - Phone number
  - Full address where transcript is to be mailed
  - Signature - Please print name under signature

Hand Carried Transcripts:
Hand carried transcripts or transcripts mailed directly to the former student, can be obtained but will be stamped in red “UNOFFICIAL”.
Please allow at least one additional work day to process your request.

Payment:
There is a $4.00 processing fee per transcript. We accept cash, check or money order.
Checks can be made out to Strongsville City Schools (Checks must be numbered. Starter checks are not accepted).

Mail to: Strongsville City Schools Transcript Request
         Administrative Offices
         18199 Cook Ave.
         Strongsville, Ohio 44136

PLEASE NOTE:
- **ALL SCHOOL FEES MUST BE PAID IN FULL IN ORDER FOR TRANSCRIPTS TO BE RELEASED**
- **OFFICIAL TRANSCRIPTS WILL NOT BE FAXED**
- Students who are 18 years or older must personally make such requests.
- Transcripts will not be released to a parent without the written permission and signature of the student.
- Official transcripts are mailed directly to the college/university or employer and require a minimum of five working days to be processed.
TRANSCRIPT RELEASE FORM

NAME: _____________________________________ GRADUATION YEAR: __________________

Name used while attending if different: __________________ Date of Birth: ______________

Phone Number: ______________________________

I request a transcript for the above named student forwarded to the college/university or employer listed below. I am allowing a minimum of five working days for this transcript to be processed.

SIGNATURE: _____________________________________ DATE: __________________

FULL NAME AND ADDRESS OF COLLEGE/UNIVERSITY/EMPLOYER:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

INSTRUCTIONS:

_________ Mail Official Transcript

_________ Hand Carry UNOFFICIAL

• There is a $4.00 fee for each transcript request. We accept cash, check or money order.
• Checks and Money Orders are to be made out to Strongsville City Schools.
• Checks must be numbered. Starter checks are not accepted.

*NOTE: Strongsville City Schools is not responsible for mail delivery service.

Transcript Request Received: _____/_____/_____ Fee Paid: ________
Transcript Processed: _____/_____/_____

Strongsville City Schools Administrative Office - Transcript Request * 18199 Cook Ave. * Strongsville OH 44136 * (440) 846-4137