



STRONGSVILLE CITY SCHOOLS TRANSCRIPT REQUEST INSTRUCTIONS

Records for all former students are retained at:

Strongsville 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 (**scroll down for 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.



STRONGSVILLE CITY SCHOOLS

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.

*****Office Use Only*****

Transcript Request Received: ____/____/____

Fee Paid: _____ Cash
Check# _____
Credit

Transcript Processed: ____/____/____
