



MASON CITY SCHOOLS TRANSCRIPT REQUEST FORM

To request a copy of your transcript and/or test scores, as well as immunization records, please mail a copy of this form with a \$5 check or money order to:

Mason City Schools
211 N. East Street
Mason, Ohio 45040
Attn: Data Center / Transcript Request

I, the undersigned, request that a copy of my transcript/immunization records be sent to the following:

Name/School: _____

Address: _____

City/State/Zip: _____

Include OGT Ohio Graduation Test/ OPT Ohio Proficiency Test? _____ Yes _____ No

Personal Information:
(Please Print)

Last Name: _____ First Name: _____

Middle Initial: _____ Maiden Name: _____

Date of Birth: _____ Graduation or Withdrawal Date: _____

I understand the Mason City School District requires a \$5 fee for each transcript. Please make checks and/or money orders payable to Mason City Schools. Please have correct amount when paying with cash. We are unable to make change.

Signature: _____ Date: _____

Telephone Number: (____) _____

(Office Use Only)

Date Fee Paid: _____ Check #: _____ Cash: _____

Date Transcript Mailed: _____