

TRIWAY HIGH SCHOOL

TRANSCRIPT REQUEST – ALUMNI/PAST STUDENT

Please allow 1 week for processing of transcripts. Complete this form and return it to the THS main office. All requests must be made in writing.

I give permission to release my high school transcript which includes grades, credits, class rank and test scores.

Name: _____
*include maiden name if applicable

Date of Birth: _____

Date last attended THS: _____
(month/year)

Daytime Phone #: _____ (to contact you when transcript is ready for pick up)

OR transcript will be mailed directly to

Name of school, firm, etc

Street Address

City, State, Zip Code

Signature

Today's Date

Please email this form to Mrs. Snyder at ysnyder@triway.us, fax it to 330-262-2620 OR mail to
Triway High School
Attn: Mrs. Snyder
3205 Shreve Rd
Wooster OH 44691