



COMMUNITY SCHOOL TRANSCRIPT REQUEST FORM

3021 E. Dublin-Granville Rd.
Columbus, OH 43231

Submit your request by mail to the address listed above, or to the email address listed below.

Email: transcripts@buckeyehope.org

Transcript Requests are processed on Thursday and mailed out on Friday.

NAME (last, first, middle): _____

LAST NAME AT TIME OF ENROLLMENT (if different than current last name): _____

STUDENT MAILING ADDRESS (number/street): _____

City/State/Zip/County: _____

SOCIAL SECURITY NUMBER: _____

CONTACT PHONE NUMBER: _____

BIRTH DATE: _____

NAME OF SCHOOL LAST ATTENDED: _____

GRADUATION DATE/OR YEARS ATTENDED: _____

E-MAIL ADDRESS: _____

SEND TRANSCRIPT INFORMATION TO:

NAME: _____

CONTACT NAME & PHONE NUMBER: _____

EMAIL or MAILING ADDRESS:

I authorize Buckeye Community Hope Foundation to release an official copy of my high school transcript and/or diploma.

Student Signature _____

Date Signed: _____

Office use only

Received _____ Mailed _____