



Upper Arlington High School
1650 Ridgeview Road
Upper Arlington, OH 43221
614-487-5200

Graduate Transcript Request Form

There is a **\$5.00** charge for each transcript requested. There will be a \$10.00 fee for any returned checks. Please include a separate form for each transcript requested.

Name: _____ Year Graduated: _____

Street: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____ DOB: _____

Social Security # _____ Telephone Number: _____
Optional Please include area code

Permission is hereby granted for the release of a transcript of high school grades. It is to be sent to the following address:

Graduate Signature: _____ Date: _____

Questions can be directed to cfackelman@uaschools.org Forms and fees should be mailed to the high school address indicated above; **Attention: Student Records Office.** (614-487-5240 ext 208 or FAX 614-487-5289).