

1111 Superior Avenue, Cleveland, OH 44114 • Phone: 216.838.5437 • Email: StudentAssignments1@ClevelandMetroSchools.org

Department of School Choice & Enrollment Request for Transcripts – Inactive / Closed Schools

Schools that are still in operation maintain their own records. If the last school you attended is an open/active school within the Cleveland Metropolitan School District, you must request records from that school.

This request form is for inactive/closed schools only.

ALL the following student information is needed to complete this transcript request:			
(Check one) Transcript Request	☐ Graduation Verification Letter	☐ Verification of B	irth Date
Current Name:LAST NAM	FIRST NAME		N A I
			MI
Former/Maiden Name:LAST NAM	E FIRST NAME		MI
Current Address:	City:	State:	Zip:
Date of Birth:	Daytime Phone Number:		
Last Cleveland Municipal School Attended			
•	SD High School Yes No If yes, na		
	Graduation Year:		
Father's Name:	Mother's Name:		
(Check one only)	☐ Pick Up ☐ Ema	il Unofficial	
(1.) Requested Information To Be Sent T	·o:		
Name of Business/College:			
Street Address:			
City/State/Zip Code:			
(2.) Requested Information To Be Sent 1	Го:		
Name of Business/College:			
Street Address:			
City/State/Zip Code:			
Requestor Signature:		Date:	