



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 Birth Date

Current Name: \_\_\_\_\_  
LAST NAME FIRST NAME MI

Former/Maiden Name: \_\_\_\_\_  
LAST NAME FIRST NAME MI

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

Last Cleveland Municipal School Attended: \_\_\_\_\_

Indicate if you attended more than one CMSD High School  Yes  No If yes, name of school:

Year(s) Attended: \_\_\_\_\_ Graduation Year: \_\_\_\_\_ Withdrawal Year: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

**Please include a stamped envelope that bears the address of the recipient(s).  
Request can take up to 15 business days to process.**

(Check one only)  Mail       Pick Up       Email Unofficial

Email Address: \_\_\_\_\_

**(1.) Requested Information To Be Sent To:**

Name of Business/College: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

**(2.) Requested Information To Be Sent To:**

Name of Business/College: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Requestor Signature: \_\_\_\_\_ Date: \_\_\_\_\_