

New Miami Middle/High School Transcript Request Form



**Please allow 3 5 business days for processing from the time it is received in our office.
If paying by check make payable to: New Miami Local School District**

Today's Date _____ Mail immediately
Mail after current grades are available _____ (year/semester)
Mail after _____

Name: (include all names ever used)

Street address:

City, State, Zip:

Phone:

Dates of attendance:

Date of Birth:

Mail ____ (# of copies) to address:

Mail ____ (# of copies) to address:

Mail ____ (# of copies) to address:

Fax # (if transcript is to be faxed):
Attn:

Signature: (required)

Transcripts are \$2.00 per copy. Please send all transcript requests to:
Kristen Yancey, Guidance Counselor

New Miami Middle/High School, 600 Seven Mile Avenue, Hamilton, OH 45011