CANTON CITY SCHOOLS
Department of Pupil Services
Transcript Request Form

NAME:

(First) **(Middle)** **(Married)** **(Last/Maiden)**

(Present Address) **(Zip Code)**

_____ _____
(Present Phone Number) **(Date of Birth)**

_____ _____ _____
(Last Canton City School Attended) **(Year Graduated)** **or** **(Year Withdrew)**

TRANSCRIPT/RECORD REQUEST

CANTON CITY SCHOOLS
DEPARTMENT OF PUPIL SERVICES
617 McKinley Avenue SW
Canton, Ohio 44707-4798
(330) 438-2523
(330) 438-2525

SEND TRANSCRIPT/RECORD TO:
_____
_____
_____
_____

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_____
_____
_____

PLEASE SIGN AND MAIL TO THE ABOVE ADDRESS OR FAX TO 330-438-2525

_____
(signature)

_____
(date)

PLEASE CHECK:

☐ **OFFICIAL COPY** (sent directly to school or business – address above)

☐ **UNOFFICIAL COPY** (sent to you at address above)