



Student Records Request Form

THE INFORMATION REQUESTED IN THIS FORM MUST BE PROVIDED AND APPLICABLE FEES PAID PRIOR TO THE RELEASE OF INFORMATION BY CINCINNATI PUBLIC SCHOOLS.

Date: _____

I, _____ hereby give permission for the following person(s) to receive copies or to have access to my school records:

Self: (NON-OFFICIAL) _____ Or send OFFICIAL COPIES to:

College or Employer: _____ Phone: _____

Address: _____
Street/PO Box City/State Zip Code

GRADUATE: _____ YEAR OF COMPLETION: _____

NON-GRADUATE _____ LAST YEAR OF ATTENDANCE: _____

List the name and date of the last Cincinnati Public School program attended:
*PLEASE NOTE that the program name may differ from the name of the school building

YOUR STUDENT RECORD REQUEST CANNOT BE PROCESSED WITHOUT THE PROGRAM NAME

My Full Name (while in school): _____ D. O.B. _____

My Mother's name: _____

My Father's name: _____

My Guardian's name (if different from parents): _____

My Present Address: _____
Street/Apt # City/State Zip Code

My current phone number: _____

My Signature: _____

Student Graduation Verification = \$2.00 per request
Transcript Request = \$5.00 per request
Student Records Request (for information other than transcript or graduation verification) = \$2.00 per request

NO PERSONAL CHECKS ACCEPTED
Mail – Money Order (Do not send Cash)
In Person – Cash or Money Order

Sign and return along with applicable payment to the address of your program location.
If the request is for an INACTIVE PROGRAM, please send your request form and payment to:
Cincinnati Public Schools, Attn: SIS Inactive Records, P.O. Box 5381, Cincinnati, Ohio 45201-5381

PLEASE ALLOW 4-6 WEEKS FOR PROCESSING