

Centerville City Schools  
Office of Student Services

**RECORD REQUEST**  
**(GRADUATES/FORMER STUDENTS ONLY)**

Transcript    Immunizations    Special Education

DATE OF REQUEST \_\_\_\_\_

STUDENT NAME \_\_\_\_\_  
Last First Middle Maiden

DATE OF BIRTH \_\_\_\_\_ YEAR OF GRADUATION \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Number Street Apt.#

ADDRESS \_\_\_\_\_  
City State ZIP

PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_

Please forward official record to address(es) provided below:

**College Name & full address** (if applicable)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Allow 2 business days for the processing of this request**

Mail this request with **payment of \$5.00 per copy** for each record listed above.  
Please check the records you are requesting. (Transcript, Immunization, Sp.Ed.)  
**(cash, check or money order payable to Centerville City Schools) to:**

Centerville City Schools  
ATTN: Transcripts  
111 Virginia Avenue  
Centerville, OH 45458  
937-433-8841