



EDISON LOCAL DISTRICT Alumni Transcript Request

Complete the information below:

Full Name: _____

Maiden Name (If Applicable): _____

Date Graduated: _____ School Attended: Edison High School
 Jefferson Union
 Springfield
 Stanton

College Name: _____

College Address: _____

Number /Street /P.O Box

city

state

zip

Enclose \$ 5.00 processing fee per official transcript request

Cash

Check

Please mail request & make checks payable to:

Edison High School
GUIDANCE DEPARTMENT
9890 State Route 152
Richmond, Ohio 43944

Signature must be included by graduate requesting transcripts in order to validate request.

Phone Number where you can be reached: _____

PLEASE ALLOW 5-7 SCHOOL DAYS FOR A TRANSCRIPT REQUEST TO BE PROCESSED