



REQUEST FOR RECORDS

Today's Date:

Requestor's Name: Phone No.

Email (optional):

Name When You Attended: Date of Birth :
(if different)

Year of Graduation/Withdrawal: Last Hilliard school attended:

Type of Record Requested (check one)

Transcript: Health Record: Other:

Will Pick Up On: (allow 2 working days) **OR** Fax to:

OR

Mail to:

Comments:

Signature: _____

Cost: \$2.00 per transcript/record (Payable to *Hilliard City School District*)
Please drop off or mail completed, signed request, with payment, to:

Hilliard City Schools
Support Service Facility
Attn: Laurie Kelly
2140 Atlas Street
Columbus, OH 43228

Please allow 2-3 working days for processing of request. Any questions please call Laurie Kelly, District Registrar at 614-921-7032.