

TRANSCRIPT | RECORDS REQUEST FORM



You may request a copy of your high school records by downloading and printing this form.

Mail the completed form and payment to:

Genoa Area High School
Records Request
2980 N. Genoa Clay Center Road
Genoa, OH 43430

Records are issued within five working days of the request, except during school breaks
(i.e. Christmas vacation, Spring Break, Summer Vacation, etc).

****There is a \$5 charge associated with each request for records****

**NO FEE will be charged for records being requested within one (1) year
of the student's date of graduation**

Cash or check payments are accepted. Checks should be made payable to Genoa Area Schools.

Last Name	(Maiden Name)	First Name	M.I.
Year of Graduation	Date of Birth		

Records being requested: _____

Signature

Mail transcript to:	(or)	Fax transcript to:
_____		_____
_____		_____

****Record requests will not be processed without payment****