



HAMILTON ALTERNATIVE ACADEMY

IRN # - 000197 Allyson Price, Director
775 Rathmell Road Columbus, Ohio 43207
Phone: 614.491.8044 Option 1 Fax: 614-491-5564

TRANSCRIPT REQUEST FORM

Name _____

Birthdate (MM/DD/YYYY) _____ Last 4 digits of Social Security # _____

If you are now married, please list your maiden name while attending HAA _____

Dates Attended: From _____ To _____
Month/Year Month/Year

Numbers of Copies Requested _____ Amount due (\$3.00 per Request) _____

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I'LL PICK THEM UP FROM THE ALTERNATIVE ACADEMY OFFICE

PLEASE MAIL THEM TO:

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Address _____

City _____ State _____ Zip _____

Contact Person _____ Phone _____

PLEASE EMAIL THEM TO:

Email address _____

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PLEASE FAX THEM TO:

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Please return this request to:
Hamilton Alternative Academy
Attn: Transcript Request
775 Rathmell Road
Columbus, Ohio 43207

Please include the following with your mailed request:
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