



# Hamilton Township High School Transcript Request Form

Name: \_\_\_\_\_

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

Maiden Name: \_\_\_\_\_

College/Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Birth Date (MM/DD/YYYY): \_\_\_\_\_

Last 4 digits of your Social Security Number: \_\_\_\_\_

Dates Attended: From: \_\_\_\_\_ To: \_\_\_\_\_

Please check one of these boxes: Graduate \_\_\_\_\_ or Non-Graduate \_\_\_\_\_

Number of copies requested: \_\_\_\_\_

Amount due (\$3.00 per request): \_\_\_\_\_

**Please mail request to:**

Hamilton Township High School  
Attn: Transcript Request  
1105 Rathmell Road  
Columbus, OH 43207

**Please include the following with your mailed request:**

- \$3.00 for each transcript that you request (**Cash or Money Order ONLY - NO CHECKS**)
- Self-addressed stamped envelopes that are addressed to each place where you would like us to send your requested transcript(s).

*If you have any questions, please contact the HTHS Main Office at 614-491-8044 x1800*