

Buckeye Local School District Request for Student Records Release

To Obtain a copy of your High School transcript.

Please print out the form below and mail the form along with the fee of \$2.00 to the address on the form.

Please make check or money order payable to Buckeye Local.

If you have any question please call or email us at the Administration office

Buckeye Local Administration
6899 State Route 150
Dillonvale, OH 43917

Phone (740) 769-7395
(740) 546-4900
(740) 598-4160

E-Mail: buckeyelocal@gmail.com

**Buckeye Local School District
Request for Student Records Release**

Please print clearly

Please send a copy of my records to:

Name: _____

Addresses: _____

City, State Zip: _____

Name While Use in School: _____

Date Last Attended: _____ Birthday: _____

Please check the school that you attended and mail along with the \$2.00 fee to the address listed.
Please make check or money order payable to Buckeye Local.

_____ Buckeye Local High School
10692 State Highway 150
Rayland, OH 43943

_____ Buckeye North High School
C/O Buckeye Local School District
Attention: Records
6899 State Route 150
Dillonvale, OH 43917

_____ Buckeye South High School
C/O Buckeye Local School District
Attention: Records
6899 State Route 150
Dillonvale, OH 43917

_____ Buckeye Southwest High School
C.O Buckeye Local School District
Attention: Records
6899 State Route 150
Dillonvale, OH 43917

_____ Buckeye West High School
C/O Buckeye Local School District
Attention Records
6899 State Route 150
Dillonvale, OH 43917

Applicants Signature: _____

Parent's Signature (if under 18) _____

Your Address: _____

Your City, State, Zip _____

Email Address: _____ Phone Number _____

Today's Date _____

For School Use Only

Date Received _____ By: _____

Date Sent: _____ By: _____