



# LaBrae Local Schools

1001 N. Leavitt Road, Leavittsburg, Ohio 44430

Phone: (330) 898-0800 Fax: (330) 898-7808

## Former Student Transcript Request

**Name:** \_\_\_\_\_  
(Please Print) (Last) (First) (Middle)

**Any other name(s) under which the student may have been enrolled while attending LaBrae High School:**  
\_\_\_\_\_ or \_\_\_\_\_

**SSN:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Graduation Year:** \_\_\_\_\_  
(Year)

**If you did not graduate from LaBrae, what was the last year you attended?** \_\_\_\_\_  
(Year)

**Number of transcripts requested:** \_\_\_\_\_

**Delivery:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_ **E-Mail: (Address)** \_\_\_\_\_

\_\_\_\_\_ **Fax:** \_\_\_\_\_

\_\_\_\_\_ **Mail:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **Pick-Up**

\_\_\_\_\_  
**Signature (Required for transcript release)**

\_\_\_\_\_  
**Date**

**Return Completed Form(s) to:** \_\_\_\_\_ \*Please allow one week for your request to be processed.

LaBrae High School

1001 N. Leavitt Road, Leavittsburg, Ohio 44430

Fax: (330) 898-7808 or Email: [tracy.cunningham@labrae.school](mailto:tracy.cunningham@labrae.school)

I understand that by typing my name I have

Office use only:

Sent Date: \_\_\_\_\_ By whom: \_\_\_\_\_