



AUTHORIZATION FOR RELEASE OF HIGH SCHOOL TRANSCRIPT (FORMER STUDENTS)  
BEACHWOOD HIGH SCHOOL

To obtain copies of your Beachwood High School transcript, complete all sections of this form and mail it to the address provided below. Please note that official transcripts cannot be faxed; however, unofficial transcripts may be sent by facsimile transmission. Only unofficial transcripts may be sent directly to the requestor.

DATE:

NAME OF STUDENT:  /   
(Name if different from dates of attendance)

PRESENT ADDRESS:

YEAR OF GRADUATION:  If not a graduate, last year attended in Beachwood:

BIRTHDATE:  PHONE NO:

☐ Please release my official transcript to the following:

- ☐ College or university ☐ Military ☐ Technical School ☐ Place of business  
☐ Scholarship foundation

MAIL OFFICIAL TRANSCRIPT TO:

ADDRESS:   
(City) (State) (Zip)

MAIL UNOFFICIAL TRANSCRIPT TO:

Signature: \_\_\_\_\_

Print Name:

1. Only one (1) recipient per transcript form. Use a separate form for each different mailing address to which you desire transcripts be sent.
2. Please allow 5-10 business days for processing.
3. Mail or fax your completed form(s) to: [Beachwood High School](#)  
[Attn: Guidance Department](#)  
[25100 Fairmount Boulevard](#)  
[Beachwood, OH 44122](#)  
[\(F\) 216-292-4175](#)  
[\(T\) 216-831-2080](#)

I agree to complete and submit through electronic means the Emergency Medical Authorization and such other forms, documents, and questionnaires as the Beachwood City School District may require.