



**GALION CITY
SCHOOL DISTRICT**

Galion Senior High School
472 Portland Way North
Galion, Ohio 44833
TEL: 419 468-6500
FAX: 419 468-4333
www.galionschools.org

TRANSCRIPT RELEASE AUTHORIZATION **Date:** _____

Name on transcript: _____ Phone: _____

Address: _____
Street City, State, Zip

Date of Birth: _____ Graduated or date last attended: _____

Transcript required for (check all that apply):

- College *(Official/Certified-\$2.00 fee) Employment Self

I authorize Galion City Schools to release school records to the following:

*Official transcript cannot be sent to individuals and require a \$2.00 fee for processing

Student Signature Required

Return this completed form to:

Lori Keiser
Galion High School
472 Portland Way North
Galion, OH 44833
419-468-6500 X12000

Remember to enclose \$2.00 when requesting official sealed transcripts.