



**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: Christi Eckert  
Galion High School  
472 Portland Way North  
Galion, OH 44833

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