



Ashland High School

1440 King Road – Ashland, OH 44805 – 419-289-7968
Guidance Fax: 419-289-0418

Current AHS Student Transcript/ Record Request Form

Print out this form and fill in your information.

When completed, return the form with a copy of your Driver's License/State ID to AHS Guidance

While a student is attending AHS, transcripts/records are free of charge. Please allow 5 business days to process your request. Requests should be given to the Guidance Office

Student's name _____
First Name Middle Name Last Name

Current address: _____
Street Address City State Zip

Grade in high school: _____ Date of Birth: _____

Parent/Guardian name: _____ Phone number: _____

Parent/Guardian signature: _____ Today's date: _____

Parent/Guardian email address for notification: _____



Select what record(s) you are requesting:

How would you like to receive your record(s):

- Official Transcript
- Unofficial Transcript
- Report Card
- Immunizations
- IEP/ETR/504

- Please email my records to me at:

- I would like to pick up my records.
Please email me when they are ready

If you need your transcript mailed or emailed, please provide the name of the college/university below. Please include a full mailing address and/ or an email where they accept transcripts sent from your high school

1) _____

3) _____

2) _____

4) _____

