



Shelby High School Transcript Release Form

Name

Date of Birth

Year of Graduation

Contact Information

Phone Number

E-Mail

Address

Send transcript to:

Name

Address

City/St/Zip

Fax (if applicable)

Signature _____

Date

Please mail form to:

**Shelby High School
Transcript Request
109 West Smiley Ave.
Shelby, OH 44875**

A three dollar (\$3.00) fee should accompany this request for a student whose last year of attendance or graduation date was previous to 2002.