



Cloverleaf Local Schools

Counseling Department
8525 Friendsville Road
Lodi, Ohio 44254

Telephone: (330) 302-0330, Fax: (330) 302-0531

ALUMNI TRANSCRIPT REQUEST – Except as provided by law, records are only released upon prior written consent of the student or the student’s legal guardian. **Per Board policy transcripts cannot be released until all fines and fees have been paid. Please allow 3-5 business days from the date of receipt to process requests.**

There is a \$3.00 fee for each record request form completed. We accept cash, credit, debit, or a check. Checks can be made payable to: Cloverleaf Local Schools

To order and pay online with a credit or debit card:

<https://www.locallevelvents.com/events/details/4974>

To pay over the phone with a credit or debit card (signed form needs to be emailed to

heather.osborn@cloverleaflocal.org to process):

Call 330-302-0330 from 7:00 AM to 3:00 PM

To pay by check or cash:

Mail payment with the completed form to:
Cloverleaf High School
Guidance Department
8525 Friendsville Rd
Lodi OH 44254

Please note: In addition to the information that is also part of the “Student Directory Information” educational records may include academic and other personally identifiable information. This may include test scores, special education records, disciplinary records, health information, grades, and class rank. For a list of what is disclosed through the “Student Directory Information” please see the disclosure listed at cloverleaflocal.org or in the student handbook.

I hereby authorize Cloverleaf Local Schools to release the education records as indicated below.

Signature

Date

Student First Name

Student Last Name

Maiden/Former Name

Date of Birth

Year of Graduation or Last Year of Attendance

Daytime Phone Number

RECORDS TO BE RELEASED

- Official Transcript (signed and sealed)
- Unofficial Transcript
- Immunization (only available for 7 years after graduation)

RECORD DELIVERY – Please complete a separate form for each different address to which records are to be sent

- I will pick up the records
- I authorize the following person to pick up the records _____
- Fax to _____
- Email to _____
- Mail to _____

FOR OFFICE USE ONLY

Fee Paid _____ Payment Type _____

Date Requested _____ Date Sent _____

Unable to Process for the following reason _____
