

**Loveland High School**  
**Office of School Counseling**  
1 Tiger Trail  
Loveland, Ohio 45140  
Phone: 513.697.3717  
Fax: 513.697.3724



## Alumni Transcript Release

\_\_\_\_\_  
STUDENT NAME

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
MAIDEN NAME (If Applicable)

\_\_\_\_\_  
YEAR OF GRADUATION

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
CITY / STATE      ZIP

I hereby authorize **LOVELAND HIGH SCHOOL** to release my transcript to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE (parent/guardian, if under age 18)

\_\_\_\_\_  
DATE