



2022-2023 Student Transcript Request

Student's Information

Full Name: _____

Address: _____

Date of Birth: _____ Current Grade _____

Current School: _____

Please forward all the following information to Saint Mary Magdalene Catholic School:

- Most current report card
- Immunization records
- Attendance History
- Discipline record
- Special Educational records (if applicable)
- Copy of Birth Certificate
- Court Orders or other Legal Documents (if applicable)
- Baptismal Certificate (if applicable)

Please send information to:

St. Mary Magdalene School
2940 Parkside road
Columbus, Ohio 43204
cryan@cducation.org

____ I give permission for records to be released to the above school.

Parent/guardian signature

date

Signature of Requesting School Representative: _____