



## REQUEST FOR RECORDS OF FORMER STUDENT

To request a copy of records of a former student from the Hamilton City School District, please fill out the form below and mail to:

Hayes Office Complex  
Attn: Records  
901 Hoadley Avenue  
Hamilton, OH 45015

Any further questions, please contact Kim Cole at 513-887-5024. If you prefer to bring the completed form in person to our records office, it is recommended you call beforehand to assure admittance into the building.

Student's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last Hamilton City School Attended: \_\_\_\_\_

Please check needed items below:

\_\_\_\_\_ Birth Certificate

\_\_\_\_\_ Transcript

\_\_\_\_\_ Immunization Record

\_\_\_\_\_ ETR/IEP

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_

If you need copies sent to another individual, business, school, or organization, please provide name and address here.  
Send \_\_\_\_\_ copies to:

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