

MAHONING COUNTY HIGH SCHOOL GRADUATE PLUS PROGRAM



Jennifer B. Merritt, Superintendent

REQUEST FOR STUDENT'S GENERAL EDUCATION RECORDS

TO: _____
(Previous school's name)

(Street address)

(City, state, zip code)

NAME OF APPLICANT: _____

DOB: _____

Name if different when enrolled: _____

Last date/year attended: _____

The following student is enrolling in MCHS's 22+ Diploma Program.
Please send all educational records including OGT/Proficiency Scores
and any Special Education Records to the address listed below:

I understand that my signature on this form authorizes the above named
school to send my transcripts and other educational-related information
to the Mahoning County High School's 22+ program.

Adult Student Signature: _____

Date: _____

Please send records and transcripts to:

The Mahoning County High School
Graduate 22+ Plus

Fax: (330) 965-2861