

Email: <u>badger.records@badgerbraves.org</u>

Fax: 330-876-2841

JOSEPH BADGER SCHOOL DISTRICT

7119 State Route 7 Kinsman, Ohio 44428 Phone: 330-876-2810 Fax: 330-876-2811

> Mr. Edwin Baldwin, Superintendent Mr. Gregory Sciola, Treasurer

| Full Name: | | | | | |
|--------------|---|-------------------------|------|---------------|-----|
| | Last | First | MI | (Maiden Name) | |
| Address: | Street | | City | State | Zip |
| Phone: | | Graduation Year: | | | |
| School/Coll | ege/University: (ad | dress must be complete) | | | |
| | | Street Address | | | |
| | City | State | | Zip | |
| Signature: _ | | Da | ate: | | |
| Please selec | t an option that wo | ks best for you | | | |
| Attn: | er High School Transcript Reques State Route 7 Kins | | | | |

*Please allow for 72 hours processing time once the request has been received by the office