



TRANSCRIPT REQUEST FORM

Date of Request _____ Last Term in Attendance or Year Graduated _____

\$5.00 for each transcript must accompany request. Make checks payable to the Rocky River City Schools. There will be a \$15 returned check fee for each check returned due to NSF, stop payment, account closed or any other reason.

No. of transcripts _____ Amount Enclosed _____

Please use name as shown on school record:

Name: _____
(Last) (First) (Middle) (Maiden)

Present Address: _____
(Street & Number) (City) (State) (Zip Code)

Date of Birth: _____ Phone Number: _____

E-mail address: _____

If the transcript is going directly to a graduate, it will be an UNOFFICIAL transcript

Please forward transcript to:

Transcript request complete (check this box and then print form to sign and mail)

- NOTE:**
1. Allow seven days for processing.
 2. If more than two transcripts are to be sent, use another form to request desired transcripts.

Signature (required)

Make checks payable to Rocky River City Schools and forward payment with form to:

<u>If you graduated within the last 4 years to:</u>	<u>If you graduated more than 4 years ago:</u>
Ms. Richelle Frantz Guidance Rocky River High School 20951 Detroit Road Rocky River, OH 44116	Ms. Barbara Brindza Pupil Services Rocky River Board of Education 1101 Morewood Parkway Rocky River, OH 44116

For Office Use Only:

Transcript(s) sent _____ by _____
Date