



**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 \_\_\_\_\_

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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: \_\_\_\_\_

**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:**

Ms. Barbara Brindza  
Learning Resource Services  
Rocky River High School  
20951 Detroit Road  
Rocky River, OH 44116

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For Office Use Only:

Transcript(s) sent \_\_\_\_\_ by \_\_\_\_\_  
Date