Rocky River
CITY SCHOOL DISTRICT
Caring · Exceptional · Competitive

Alumni Transcript Request

RRHS Counseling Office: (440) 356-6804 or Pupil Services Department: (440) 356-6006

Date of Request: _____ Year of Graduation: _____
OR Last Term in Attendance

A $5 fee for each transcript must accompany the request (cash, check or Paypal). Make checks payable to Rocky River City Schools. Official transcripts will not be sent without payment. There will be a $15 returned check fee for each check

returned due to NSF, stop payment, account closed, or any other reason.

Student's Name _____
(Please use name shown on school record)

Birth Date _____ Phone Number_____

Email Address _____

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

Please forward transcript to: (College/employer & address/email)

1. _____
_____
_____

2. _____
_____
_____

3. _____
_____
_____

4. _____
_____
_____

****PLEASE ALLOW FIVE (5) WORKING DAYS TO PROCESS FORM ****

I hereby authorize Rocky River High School to release the transcript of my academic record. *Except as provided by law, a transcript is only released upon written consent of the student.*

Date: _____ **Signature:** _____

No. of transcripts _____ Amount Enclosed _____

If student graduated less than 4 years ago, mail this form and payment to:

Rocky River High School
c/o Counseling Office
20951 Detroit Road
Rocky River, Ohio 44116
Brehm.Maya@rrcs.org

If student graduated more than 4 years ago, mail this form and payment to:

Rocky River Board of Education
c/o Pupil Services
1101 Morewood Pkwy.
Rocky River, OH 44116
Holby.Theresa@rrcs.org

Date Transcript Sent: _____ by _____