TRANSCRIPT REQUEST FORM
FOR STUDENTS WHO GRADUATED MORE THAN FOUR YEARS AGO

Date of Request_____ Last Term in Attendance or Year Graduated _____

Students graduating more than four years ago need to include $5.00 for each transcript. Make checks payable to the Rocky River City School District. 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:

Pupil Services Department
Attention: Ms. Theresa Holby
Rocky River Board of Education
1101 Morewood Parkway
Rocky River, OH 44116

For Office Use Only:

Transcript(s) sent _____ by _____
Date