



**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: \_\_\_\_\_

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:**

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

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For Office Use Only:

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