

Rawlins County High School

Transcript Request Form

Full Legal Name of Student: _____

Maiden Name, If Married: _____

Date of Birth: _____

Current Student: Yes _____ No _____ If no, Graduation date or last year in attendance _____

Transcript to: _____

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Student Signature (if 18 years of age or over) _____

Parent/Guardian Signature (if student under 18 years of age) _____

Date Signed: _____

For Office Use Only

Date Received: _____ By Whom: _____

Date Processed: _____ Official's Signature: _____