RIDGELAND HIGH SCHOOL

TRANSCRIPT REQUEST FORM

STUDENT NAME:

**FIRST MIDDLE LAST MAIDEN**

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_ Graduation Year: \_\_\_\_\_\_\_\_\_\_\_\_\_

Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Transcript Fees: RHS Alumni: $5.00 ea. CASH ONLY Currently Enrolled Students: No Cost**

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|  | I will pick up transcript(s) |

Reason for Transcript:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Official transcript \_\_\_\_\_ Unofficial transcript \_\_\_\_\_ (Please specify)**

**Mail official transcript(s) to: (You may list more than one.)**

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| **1.** |
| **2.** |
| **3.** |

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 **Student or Parent Signature Date**