

# ALUMNI TRANSCRIPT REQUEST FORM

Revere High School  
Attn: Mrs. Shamp  
3420 Everett Road  
Richfield, OH 44286  
Phone: 330-523-3240

Return by Fax: 330-659-0051 or Postal mail

(please print or type)

Name \_\_\_\_\_ Maiden Name (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone Number \_\_\_\_\_

Year of Graduation \_\_\_\_\_ **OR** Year of Withdrawal \_\_\_\_\_

**NOTE:** \*An Official Transcript is only sent to a college, university or employer from R.H.S.  
\* An Unofficial Transcript can be given directly to a student.

I, the aforementioned, authorize an \_\_\_\_\_ official / \_\_\_\_\_ unofficial transcript to be sent to the following: Please circle one: College, University / Employer / Home Address

Name of College, etc: \_\_\_\_\_

Attn: \_\_\_\_\_

Street Address: \_\_\_\_\_

P.O.Box: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

## **CHECKLIST TO RETURN TO R.H.S.:**

\_\_\_\_\_ \$2.00 processing fee for EACH transcript being sent– made payable to Revere High School.

(If returning form by fax, please remit payment via postal mail in order to process your request.)

\_\_\_\_\_ A completed & signed Transcript Request Form.

Please note that this form must be completed for EACH transcript being sent.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE ALLOW A TEN (10) DAY IN-SCHOOL PROCESSING PERIOD.**

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**Office Use Only:** Date Received \_\_\_\_\_ Date Sent \_\_\_\_\_