

ALUMNI TRANSCRIPT REQUEST FORM

Revere High School
Attn: Mrs. Sampson
3420 Everett Road
Richfield, OH 44286
Phone: 330-523-3210

Return by Fax: 330-659-6407 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.

Office Use Only: Date Received _____ Date Sent _____