

RICHMOND HEIGHTS HIGH SCHOOL

TRANSCRIPT REQUEST

Please send transcript to:

****NAME OF
ORGANIZATION**

**NAME ON
TRANSCRIPT**

(Please Print)

**YEAR
GRADUATED**

PHONE NO

STUDENT SIGNATURE

DATE

PARENT SIGNATURE (only if under 18 yrs of age)

DATE

****If requesting an official transcript, the guidance department must mail directly to the organization. (Ex: School or employer). Only an unofficial transcript may be mailed or given directly to the student.**

Fax back to 216-692-8495

FOR OFFICE USE ONLY:

Date Submitted to Guidance Office:

Date Mailed
