

Transcript Request

*Riverside High School
2096 CR 24 S
DeGraff, OH*

Graduates and Former Students: Complete form and return to Office Administrative Assistant.

Current Students: Complete form and return to Debbie Hughes Gonterman, School Counselor, at the address listed above, or place in box outside Counseling door.

Date of Request _____

Student ID # (Lunch #) _____

Name of Student _____

Maiden Name (if applicable) _____

Years Attended _____ to _____

Graduate? ___ Yes ___ No

Phone: _____

Student signature required (Parent signature accepted if student is currently enrolled at Riverside) _____

Please send my transcripts to **(Destination information must be accurate):**

Check all that apply:

- U.S. Mail Attention: _____
Institution: _____
Address: _____
City/State/Zip: _____
- Email my Transcripts to the following email address: _____
- Fax my Transcripts: Fax Number _____

Note: Allow 5 school days to process this request (does not include weekends, holidays, breaks, or days school is not in session). Summer requests may be delayed longer, due to Summer office hours.

Office Use Only
Date Request Received:
Date Transcript Sent: