

TRANSCRIPT REQUEST FORM

Please complete this form and mail, fax or e-mail to
Ravena-Coeymans-Selkirk High School

MAIL:

Ravena-Coeymans-Selkirk High School
Attn: Counseling Center
2025 Route 9W
Ravena, NY 12143

FAX:

RCS HS - Counseling Center
FAX#: 518-756-3534

E-mail: kmoore@rcscsd.org

Date of Request: _____

Name used at time of graduation: _____

(other name used, if any): _____

Year of Graduation: _____ OR Date/Year Left RCS: _____

Date of Birth (mm/dd/yyyy): _____

Telephone #: _____

of Transcripts needed: _____

Transcript(s) should be mailed to: _____ College _____ Home _____ Other

(Name) _____

(Address) _____

(City/State/Zip) _____

(Name) _____

(Address) _____

(City/State/Zip) _____

OR Transcripts should be faxed to:

Name: _____

Fax #: _____

I authorize release of my transcripts: _____

(student signature)

****PLEASE NOTE:** Official transcripts that are sent to home addresses will only be considered official if they are unopened with the RCS HS seal intact.

FOR RCS HS USE ONLY:

Date Sent: _____ By: _____

(Form G04052010A)