

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

Email:

sruso@rcscsd.org

Date of Request: _____

Name used at time of graduation: _____

Other name currently used, if any: _____

Year of Graduation: _____ OR Date/Year recipient left RCS: _____

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

Telephone Number: _____

Number of Transcripts Needed: _____

Transcripts should be mailed to: _____ College _____ Home _____ Other

1. Name: _____

Address: _____

City/State/Zip: _____

2. Name: _____

Address: _____

City/State/Zip: _____

OR transcripts should be faxed to:

Name: _____

Fax Number: _____

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 in an unopened envelope with the RCS HS seal intact.

For RCS HS office use only:

Date sent: _____ By: _____