

Ridgway Area High School
Transcript Request Release Form
RETURN THIS FORM TO THE GUIDANCE OFFICE AT
1403 HILL STREET, RIDGWAY, PA 15853
OR FAX TO 814-776-4247

An academic transcript will include record of classes taken and grades received from grade 9 thru 12, PSAT, SAT/ACT scores, attendance, graduation date, grade point average and class rank.

Date: _____

Name: _____ (note: must identify maiden name or other name your records were listed under while a student at Ridgway, if applicable)

Birth Date: _____

Graduation year: _____

Signature: _____

I request an official copy (must be sent directly to another school, college, scholarship or employment). This copy will have school official's signature and embossed school seal.

I request an unofficial copy (may be sent to an individual). This copy will not be signed and not bear the school seal

Please send to:

_____ Name of individual or office

_____ School, college or business name

_____ Street address or P.O. Box

_____ City State Zip

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Office use only

Date request received: _____

Date transcript sent: _____ Sender Initial here: _____