



**ROYALTON-HARTLAND HIGH SCHOOL
REQUEST FOR OFFICIAL STUDENT TRANSCRIPT**

Name (please print) _____ Date: _____

Graduating Year: _____

Student Signature: _____

Please forward a copy of my Official High School Transcript to:

College or Agency Name: _____

Attention (if known): _____

Fax Number/email address: _____

Sealed? (Please circle one) YES NO

If you are requesting the following be sent- please check:

Resume (if a copy is on file in the Counseling office) _____

Reference Letters (if copies are on file in the Counseling Office _____
Please indicate which letters are to be sent)

**** PLEASE NOTE: ALL REQUESTS WILL BE PROCESSED WITHIN 5
BUSINESS DAYS.**

**FOLLOWING COUNSELOR APPROVAL THE APPLICATION AND
TRANSCRIPT PACKET WILL BE PROCESSED**

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FOR OFFICE USE ONLY

Transcript signed by School Counselor and given forwarded to Main Office for mailing

_____/_____