ROCHESTER TRANSCRIPT REQUEST FORM

(***One form needs to be completed per destination request.)***

Instructions to student: (Illegible or incomplete forms may delay your request. Please allow up to 5 school days for processing of this request.)

STEP 1: YOUR INFORMATION

Last Name_____First_____Middle/Maiden _____

Other name(s) under which your records may be listed : _____

Date of Birth:_____ Your Contact Number: _____

Street Address: _____

_____ _____ _____

City State Zip

E-mail:_____ Anticipated Graduation Year: _____

Signature of Student_____Date _____

Parent request _____Yes ____No Name:_____
Date_____(Attach written request.)

STEP 2: DESTINATION ADDRESS

	Address of School to be Mailed to:
_____Regular 1" Class Mail _____Express (Additional fee required)	Address:
	Attention of Department/Contact Person:

STEP 3: OFFICE PROCESSING (Copy of request placed in student file.)

Date request received:	Date processed:
Person processing: Title: ***$10.00 Fee Applicable _____ Yes _____ No***	_____Mailed regular mail _____E-mailed _____Faxed _____Gave to requestor _____Express Mail (Payment received??) _____Other _____