

RCPS Transcript Request Form

Name: _____
(First) (Middle) (Maiden) (Last)

Year of High School Graduation: _____ Name of High School: _____

Date of Birth: _____ Social Security Number: _____

Daytime Phone Number: _____ Other Phone Number: _____

Due Date of Transcript: _____

Send Transcript to: _____

Address: _____

Permission to Release: (please answer each question)

Have you taken any **AP** exams? YES NO
If so, would you like these scores sent? YES NO

Have you taken the **ACT**? YES NO
If so, would you like the scores sent? YES NO

Have you taken the **PSAT**? YES NO
If so, would you like the scores sent? YES NO

Have you taken the **SAT**? YES NO
If so, would you like the scores sent? YES NO

Transcript fee must accompany this form if applicable.

Student/Parent Signature: _____

Current Address: _____

Date Signed: _____

Please allow 5 work days for processing.

For Office Use Only

Date Received: _____	Transcript Fee Paid: \$ _____
Date Mailed: _____	