

Transcript Release Form

I give my permission to release my high school transcript which will include grades, class rank, test scores, Individual Education Plans, and the results of the Ohio Graduation Test or Ohio Proficiency Test (if applicable) or the exemption status.

Name _____

*make sure it is the name used in high school (ex: Robert, not Bobby)

Date of Birth _____ Graduation Year from RHS _____

PLEASE SEND A TRANSCRIPT TO:

Name of University, College, Business, Etc.

Street Address of University, College, Business, Etc.

City

State

Zip Code

Date

Signature (Should be that of **Parent** if student is still in HS, even if the student is 18 years of age)

_____ I give permission to send transcripts to any college or scholarship.
(Check if you agree.)

Other Places You Want Additional Transcripts Sent:

Name of School/Business

Address

**** ALONG WITH THIS FORM YOU MUST SUBMIT A STAMPED ENVELOPE**

for EACH LOCATION you want your transcript sent. **

Please Note: Students currently enrolled at RHS can send 3 transcripts for FREE! After the 3rd, there is a \$2.00 fee per transcript. Students NOT currently enrolled at RHS will be charged a \$3.00 fee per transcript, for every transcript sent.