



Guidance Office
 Richfield High School
 7001 Harriet Avenue South
 Richfield, MN 55423
 612.798.6120

Official Transcript Request Form Former Richfield High School Student

A signature and payment are required for processing. The fee for each transcript is \$5. Transcripts will be sent out by first class mail within 24-48 hours after receiving this request.

Name _____ , _____
 (Last) (First) (M.I.)

Maiden/ Former Name _____ Date of Birth _____

Year of Graduation _____ **OR** Dates of Attendance _____

Current Address _____

Email Address _____

Phone Number _____

Send Transcript(s) to:

1. Institution/Organization: _____
 Street Address: _____

 City, State, Zip Code: _____

2. Institution/Organization: _____
 Street Address: _____

 City, State, Zip Code: _____

I hereby authorize Richfield High School to release my transcript to the address(es) listed above.

Signature _____ Date _____

| | | |
|------------------------------|-------------------------------|----------------|
| For Office Use Only | | |
| Date Request Received: _____ | Date Transcript Mailed: _____ | Sent by: _____ |