

ALUMNI TRANSCRIPT REQUEST FORM

Revere High School
Attn: Mrs. Sampson
3420 Everett Road
Richfield, OH 44286
Phone: 330-523-3240

To return by Fax: 330-659-0051
To return by email: bsampson@revereschools.org

Name _____ Maiden Name (if applicable) _____

Address _____

Date of Birth _____ Phone Number _____

Year of Graduation _____ **OR** Year of Withdrawal _____

NOTE: *An Official Transcript is only sent to a college, university or requesting agency.

* An Unofficial Transcript can be given directly to a student.

I, the aforementioned, authorize an _____ official / _____ unofficial transcript to be sent to the following:

Please circle one: College / University / Employer / Home Address / Individual: _____

Name of College / Individual, etc: _____

FOR AN ELECTRONIC COPY PROVIDE AN EMAIL ADDRESS:

FOR A USPS MAILED COPY:

Attn: _____

Street Address: _____

P.O.Box: _____

City, State, Zip: _____

**PLEASE NOTE: There is a \$2.00 processing fee for each USPS mailed student transcript.
If you are requesting your transcript be mailed to multiple recipients, provide a form and payment for each.**

Signature _____

Date _____

PLEASE ALLOW A TEN (10) DAY IN-SCHOOL PROCESSING PERIOD.

Office Use Only: Date Received _____ Date Sent _____