RIDGELAND HIGH SCHOOL
TRANSCRIPT REQUEST FORM

STUDENT NAME:

FIRST **MI** **LAST** **MAIDEN**

Date of Birth: _____ Grade: _____ Graduation Year: _____

Phone#: _____ Email: _____

Transcript Fees:

Currently Enrolled Students: **NO COST**	RHS Alumni: **$10.00**

Please check the appropriate box. **Number of Copies:** ☐

	Mail Transcript(s) to address below
	I will pick up transcript(s)

Official transcript _____ Unofficial transcript _____
Do you need Act scores on transcript? YES _____ NO _____

Mail official transcript(s) to:

1.
2.
3.

_____ _____
Signature **Date**

PLEASE SEND REQUEST FORM TO:
Ridgeland High School, 586 Sunnybrook Rd, Ridgeland MS 39157
Email: sha136@madison-schools.com