**TRANSCRIPT REQUEST FORM**

**RINGGOLD HIGH SCHOOL**

**Full Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Last First Middle*

**Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Street Address City, State, and Zip*

**Home Phone** \_\_\_\_\_\_\_\_\_\_\_\_\_ **Cell Phone** \_\_\_\_\_\_\_\_­­\_\_\_\_\_\_ **Date of Birth** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*To comply with the provisions of the Family Education Rights and Privacy Act of 1974, permission is hereby given to school officials to release the secondary school record and other requested information to the following college/university:*

|  |  |
| --- | --- |
| **Name of College/University** | **Address** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

🞎 Shot Records 🞎 ACT and/or SAT

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Student (REQUIRED) Date of Request**

*Transcripts can only be released with the consent of the student and only with the student’s signature attached. The transcript will be mailed within (3-5) school days after receipt of the request form.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of School Official Date Sent**

Kim Sendele: ksendele.rhs@catoosa.k12.ga.us