

DATE OF REQUEST: _____

Actual Deadline: _____
(Minimum 2 week notice)

REQUEST FOR TRANSCRIPT**

STUDENT NAME: _____

Actual or anticipated
year of RPS graduation _____

PURPOSE: (Circle all that apply) Transfer / Official / Unofficial transcript / Scholarship / Summer Program

Other: (Specify) _____

INSTITUTION TO WHICH TRANSCRIPT MUST BE SENT: _____

ATTN: _____
(Name of specific individual if applicable)

YOUR SIGNATURE BELOW AUTHORIZES THE RELEASE OF THE REQUESTED INFORMATION:

** RPS College Counseling will make the final determination as to how each transcript request is handled.

- We will do our best to get each transcript out in a timely fashion.
- Last-minutes requests will not receive special handling.
- All official transcripts will be mailed by College Counseling directly to the institution indicated.
- If transcripts are required to be mailed in the same package with other supporting information, the student is responsible for gathering all pieces and having them submitted by the appropriate deadline.

I HAVE READ THE ABOVE INFORMATION AND AUTHORIZE RELEASE OF THIS TRANSCRIPT AS INDICATED ABOVE :

SIGNATURE: _____
(Student or Parent)

THIS PORTION TO BE COMPLETED BY COLLEGE COUNSELING STAFF:

Transcript to include: ___ RPS Profile (Required):
 (Check & circle choices) ___ Date of Grad./Final Grades of completed courses
 ___ 1st Qtr/ 2nd Qtr / Exam or Final grades / 3rd Qtr.
 ___ (Required Scores): AP Exams
 ___ To request: PSAT's / SAT I's / SAT II's / ACT : _____
(Signature required!)

Other items to be included with transcript:

_____ Post card
 _____ Recommendations: _____
 _____ Recommendation Letter from RPS College Counseling
 _____ Other: _____
 _____ Other: _____

DATE PROCESSED: _____

 ___ Provided to student in sealed envelope
 ___ Mailed
 ___ Unofficial provided to student/parent

_____ Processed by (initial here)