

**Ridgway Area High School**  
**Transcript Request Release Form**  
**RETURN THIS FORM TO THE GUIDANCE OFFICE AT**  
**1403 HILL STREET, RIDGWAY, PA 15853**  
**OR FAX TO 814-776-4247**

An academic transcript will include record of classes taken and grades received from grade 9 thru 12, PSAT, SAT/ACT scores, attendance, graduation date, grade point average and class rank.

Date: \_\_\_\_\_

Name: \_\_\_\_\_ (note: must identify maiden name or other name your records were listed under while a student at Ridgway, if applicable)

Birth Date: \_\_\_\_\_

Graduation year: \_\_\_\_\_

Signature: \_\_\_\_\_

**I request an official copy** (must be sent directly to another school, college, scholarship or employment). This copy will have school official's signature and embossed school seal.

**I request an unofficial copy (may be sent to an individual).** This copy will not be signed and not bear the school seal

Please send to:

\_\_\_\_\_ Name of individual or office

\_\_\_\_\_ School, college or business name

\_\_\_\_\_ Street address or P.O. Box

\_\_\_\_\_ City State Zip

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Office use only

Date request received: \_\_\_\_\_

Date transcript sent: \_\_\_\_\_ Sender Initial here: \_\_\_\_\_