



New Richmond High School Guidance Office

REQUEST FOR HIGH SCHOOL TRANSCRIPT

Instructions: Fill this form out completely. List your full name including your maiden name (name that you graduated under), date of birth, year graduated or year withdrew, who to send the transcript to and a check or money order for \$2.00.

Mail this form along with the \$2.00 fee to New Richmond High School, 1131 Bethel-New Richmond Road, Attention: Guidance Office, New Richmond, OH 45157.

Your transcript will be sent to the school below upon receipt of \$2.00 (made out to New Richmond High School) and this form. Please allow 5 working days to process your transcript.

Full Name _____ D.O.B. _____

Year Graduated _____ Year Withdrew _____

I request that New Richmond High School send a copy of my high school transcript to:

School / Self _____

Address _____

City, State, Zip _____

Phone Number _____ Fax Number _____

Signature _____ Date _____

Phone Number where you can be reached if there are problems _____

Thank You,

New Richmond High School Guidance Office