

ROCK BRIDGE HIGH SCHOOL

TRANSCRIPT RELEASE FORM FOR CURRENT STUDENTS

Graduation Year _____

Student # _____

_____ requests a transcript released.

Student's Name (please print)

Fee: Before graduation: \$2.00 per copy
 At graduation: 1 copy (final transcript) no charge
 All additional copies: \$2.00

Student Signature (Parent signature required if student is under 18)

Complete the top portion and return the form to the guidance department to release transcripts

Please do not write in the grey shaded areas

School, City, State	Attachments	Date	Mid	Paid
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Final Transcript sent to _____ Date _____