



Request for Student Records

Print full legal name used as a student at Roosevelt High School:

Last Name

First Name

Middle Initial(s)

Date of Birth: ____/____/____
Month Day Year

Graduation Year: _____
(If left RHS before graduation, list date/year released)

■ I hereby give consent for the transfer of academic records (check one):

Transcript (courses/marks) and unofficial college admission test scores (does not include PSAT)

Transcript (courses/marks) only. Include marks up through: (Circle One)

1st Qtr 2nd Qtr 3rd Qtr 4th Qtr/Final

Other Records (specify): _____

■ Select which copy option below: (You may select both options if requesting more than one transcript)

<input type="checkbox"/> For Unofficial/Personal Copy* Amt. _____ Select Transfer option: (copy of picture ID must accompany request) <input type="checkbox"/> To be picked up by Requestor or indicate name: _____ <input type="checkbox"/> Fax Number: _____ <input type="checkbox"/> Mailing Address: _____ _____ _____ *Not signed and not seal embossed. The word "Unofficial" will be on the transcript.	<input type="checkbox"/> For Official Copy (Signed & school seal embossed) Amt. _____ Official Transcripts are mailed via USPS directly from Roosevelt High School. Please complete Name and Mailing Address of school or organization to receive transcript/records. (If more space is needed, use back of form.) _____ _____ _____ If you have more names/addresses you are sending transcripts to, be sure to provide name/address on back. Circle arrows for us to check on the back: → → →
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Process Type (Please complete)	Cost per Record	# of Records	Subtotal Cost
Processing Fee for each Record (Allow 2-5 working days to leave our office)	\$1.00 per record		
Global Processing Fee (For Transcripts sent outside of United States) - Need to provide envelope w/correct postage	\$1.00 per record		
Expedite/RUSH Fee (For Transcripts within the US Only) (OR Same Day, Carry Out Service or Mailed Same Day, if received by 10am)	\$5.00 per record		

Date of Request: _____ Requestor's Phone Number: _____

Signature of Student (18 yrs or older) Or _____
Signature of Parent/Guardian (If student is under 18 yrs old)