

# ST. CLAIRSVILLE-RICHLAND CITY SCHOOL DISTRICT

108 Woodrow Avenue, St. Clairsville, Ohio 43950 • Phone: (740) 695-1624 • Fax: (740) 695-1627 • Website: stcschools.com

## REQUEST FOR TRANSCRIPTS

Name at Graduation/Withdrawal \_\_\_\_\_  
Last Name (Current) \_\_\_\_\_  
First Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Year of Graduation \_\_\_\_\_ Date of Withdrawal \_\_\_\_\_  
Current Address \_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_

Recipient (College/University/Technical School/Employer/Personal)

\_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Special Instructions \_\_\_\_\_

### For Office Use Only:

\_\_\_\_\_ \$2.00 payment received by \_\_\_\_\_

Date Transcripts Mailed \_\_\_\_\_ By \_\_\_\_\_

Date Transcripts Given to Student \_\_\_\_\_ By \_\_\_\_\_