

PLEASE ALLOW 7 TO 10 WORKING DAYS FOR ANY REQUEST

**THE SCHOOL DISTRICT OF REEDS SPRING R IV
TRANSCRIPT RECORDS REQUEST FORMER STUDENT**

Student Name: _____ DOB: _____

Student Signature: _____ Graduation Year: _____

Contact Phone Number: _____ Date: _____

If student is 18 or over, they must request their own transcript. Parents, spouses, etc. may not request transcripts due to privacy issues.

An official transcript will be mailed to the Institution(s)/Organization(s) listed below.

Name and Address of Institution/Organization

Check all that apply

- Transcript with ACT scores
- Transcript without ACT scores
- Fax **unofficial** to institution
fax number _____

Name and Address of Institution/Organization

Check all that apply

- Transcript with ACT scores
- Transcript without ACT scores
- Fax **unofficial** to institution
fax number _____

Remit form to Cindy Allen, Registrar
By email: callen@wolves.k12.mo.us
By fax: 417-272-1481
By mail: Reeds Spring High School
20277 State Hwy 413
Reeds Spring, MO 65737
Phone: 417-272-8171 ext 1298



Office Use Only

Date completed: _____ Signature of School Official: _____