

TRANSCRIPT REQUEST

Date: _____

To: Guidance Department
Attn: Student Transcripts

Last School Attended: _____

Street Address: _____

_____ City St Zip

Phone: _____ **Fax:** _____

Student Information:

_____ Last Name First Middle

Grade Entering: _____ **Date of Birth:** _____

Social Security Number: _____

Current Student Address: _____

_____ City St Zip

The above pupil is enrolled in our school. Please send the following information to Rogers High School, 15 Wickham Road, Newport RI 02840.

Official Transcript of grades
Achievement & Ability test results
Complete health information/records
IEP's

Key to your grading system
Withdrawal Date
All other pertinent information

I authorize the release of the above information to Rogers High School.

Signature – Parent/Guardian

FOR OFFICE USE ONLY	
1 ST Request Date: _____	2 nd Request Date: _____