

ALUMNI TRANSCRIPT REQUEST FORM

Riverside Guidance Office
112 E. Washington Street
Riverside, NJ 08075
Phone: 856-461-1255

Return by Fax: 856-461-7277 Or Post Mail or Scan an Email to lsteel@riverside.k12.nj.us

ALUMNI INFORMATION

Name: _____ Maiden Name: (If applicable): _____
(Please Print)

Address: _____ Date of Birth: _____

Graduation Year: _____ or Last Year of Attended: _____

Daytime Phone: _____ Email: _____

REQUEST TYPE

Please check all that apply:

I need an **OFFICIAL** transcript (with school seal and in a sealed envelope) to be mailed directly to a college, university, recruiter, etc. Please mail official transcript to:

I need an **OFFICIAL/** transcript and would prefer to pick up at RHS Guidance Office.

I need an **UNOFFICIAL** transcript. **UNOFFICIAL** transcripts can be faxed, emailed, mailed, or picked up at the high school.

- Please fax to: _____ Attn: _____
- Please email to: _____
- Please mail to: _____

I need an **UNOFFICIAL/** transcript and would prefer to pick up at RHS Guidance Office.

Signature: _____ Date: _____

NOTE: Please allow 10 school days for processing (from the date the request is received in our office). ALL Request Forms must be completely filled out in order to be processed. ALL transcripts must include this form. (NO phone requests)

Office Use Only: Date Received: _____ Date Sent: _____