

# ROCKLIN HIGH SCHOOL



## Transcript Request

(For Former Students Only)

(Please print this form, complete it, and mail to the address listed below or bring into RHS)

### Name When Attending RHS:

First

Middle

Last

Year of Graduation or Last Year of attendance: \_\_\_\_\_

Birth Date: \_\_\_\_\_

### Mark and fill in all that Apply:

Number of Official Transcripts Requested

Number of Unofficial Transcripts Requested

I am picking up the Transcripts in person

I give permission for my parent to pick up

Please mail Transcript to:  
(Please use back if necessary)

\_\_\_\_\_  
Parent Name/Phone #

1. \_\_\_\_\_  
Name

2. \_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
City/State/Zip

Former Student's Signature \_\_\_\_\_  
Signature Required for Processing

\_\_\_\_\_  
Date

Cell Phone: \_\_\_\_\_

The Cost of Each Transcript is \$1.00. Please Allow up to 5 business days for Processing.

Please choose method of payment:

Please find my check/cash in the amount of \$ \_\_\_\_\_ **enclosed.**

Mailed/PU \_\_\_\_\_

Completed By: \_\_\_\_\_

Paid \_\_\_\_\_

(Office Use Only)

Rocklin High School  
Attn: Mrs. Olsen  
5301 Victory Lane  
Rocklin, CA 95765