

Revere High School
Guidance Department
 101 School Street - Revere, MA 02151
 Tel: 781-286-8247
 Fax: 781-485-2755

Student Transcript Request Form

Mail completed form with cash/money order made out to *Revere High School* to the address above.

**** \$5.00 fee per transcript****

Please allow 2-3 business days for processing.

Today's date:	Date needed by:
Full Name:	Maiden Name:
Graduate: <input type="checkbox"/> Yes or <input type="checkbox"/> No	Last year at RHS:
Date of Birth:	Class of:
Email:	Phone number:
Home address:	Pick up <input type="checkbox"/> or Mail <input type="checkbox"/>

Please note: If transcripts are being mailed to a home address or picked up in person, they will be marked "*Unofficial*" and not "*Official*."

Authorization to Release Records

I authorize the Guidance Department of Revere High School to release my transcript to the following schools or agencies:

School, Employer, or Agency Name:		
Address:		
City:	State:	Zip Code:
Fax Number:	Telephone Number:	
Email address:		

Signature of Student

Date Signed

Please Note: Read all directions carefully and make sure all requested information is provided. Incomplete information or submitting without payment will result in a processing delay.

Date Processed: _____ (For office use only)