

Theodore Roosevelt High School
FAX: 330-676-8722
PHONE: 330-676-8720

TRANSCRIPT REQUEST

1400 N Mantua St
Kent OH 44240

Please print clearly

(Last Name) (First Name) (Middle)

(Maiden Name – if applicable) (Date of Birth) (Phone Number)

(Street Address) (City/State) (Zip)

Graduation Year _____ Last year attended (if you did not graduate) _____

Number of Official Transcripts Requested _____ Number of Unofficial Transcripts Requested _____

Check here if you will pick-up _____

Send to: _____
(Department, College or Agency) Office or Person's Name

(Street Address/PO Box) (City, State, Zip)

Send to: _____
(Department, College or Agency) Office or Person's Name

(Street Address/PO Box) (City, State, Zip)

Send to: _____
(Department, College or Agency) Office or Person's Name

(Street Address/PO Box) (City, State, Zip)

Additional Recipients(s) Address(es) Listed on Back: Yes _____ No _____

Note:

- Please allow up to 10 working days for transcript to be sent during the school year.
- The Guidance Office is closed the last two weeks in June and the month of July, however, transcripts will be sent out periodically throughout the summer.
- All items on this form should be completed. ***Student signature is required by Federal law for your transcript to be issued.***
- There is a \$5 fee per transcript. Please mail this form and your check/money order to the Guidance Office; Theodore Roosevelt High School; 1400 N Mantua St; Kent OH 44240

(Signature) (Date)