

Transcript Request Form

This request form may be faxed or delivered. If you'd like to email your request, please copy the information into an email taking care to include your FULL NAME (maiden name) and date of request. Roscommon High School provides this service free of charge.
If you have any further questions, contact the RHS Counseling Department at 989-275-6676.

Fax or deliver this form to:

Roscommon High School
Attention: RHS Counseling Dept.
10600 Oakwood Dr.
Roscommon, MI 48653

Fax: 989-275-4611

I authorize Roscommon High School to transfer my high school transcripts to the college/colleges designated below.

Name of College	Name of College
Name of College	Name of College
Name of College	Name of College

Year of Graduation

Birthdate

Full Name printed (maiden name)

Signature

Date