

TRANSCRIPT

Official transcripts may be requested by mail with the following information and \$1.00 fee (make checks payable to Richlands High School):

- **Full legal name at the time of graduation or attendance**
- **Graduation year or year withdrawn**
- **Birth date**
- **Written signature**
- **Address of where transcript is to be sent**
- **Daytime phone number**

Please note that anyone over the age of 18 must PERSONALLY request a transcript. Requests for a transcript by a third party cannot be honored.

Mail requests to:

**Guidance Department
Richlands High School
138 Tornado Alley
Richlands, VA 24641**

Please forward a transcript of my school records to:

(College or Agency)

(Address)

(City) (State) (Zip)

(Name while enrolled at Richlands High School)

(Date of Birth) (Social Security #) (Last year attended) (Phone Number)

If additional transcripts are requested, please list name and address of place to be sent:

(Signature)

(Date)

*******\$1.00 FEE PER TRANSCRIPT**