Email completed form to: RHHSregistrars@hcpss.org



Requests will not be processed until payment is made. *See payment info. below*

TRANSCRIPT/STUDENT RECORDS REQUEST

Student Name:	udent Name:Date of Birth:					
hone: Counselor:						
				Graduation Year:		_
Teacher(s) Writing Your Letters	of Recommendation:	·				
College/University, Armed Forces, Scholarship, Employer, Trade/Technical School, NCAA, Internship Program, Other (List Below)	City in which the College is located	Application Deadline Date	Application Deadline Type (EA, ED, Regular, Rolling,	What application are you using? (Common App, Coalition, Black Common App, QuestBridge,	Do you need a school counselor rec letter?	For OFFICE USE Only
			Priority (see box below)	School's own application?)	(Y or N)	or Mailed Date
						-
Date of Request:						
Release of Student Records						
The law requires that schools re reports and other student record by U.S. Mail or transmitted electronscript fees: first 3 transcript	rds can be released to tronically to those list	o a third party. <i>I g</i> ted above when a	give approval to ho a request to do so	ave transcripts and oth is made by my student	er student red :	
Make payment at: https://ti	•	· ·		ic de tile tille or reques		
Signature of Parent/Guardian:					Date:	
Student Signature:						
	Allow 20 Sc	hool Days to P	rocess Transcrip	t Requests		
	Deadline Type Des	<u>scription – Matc</u>	:h Deadline Type t	to Deadline Date:		
			pically non-bindir			