

# Transcript Request Form

SOUTH RIVER HIGH SCHOOL  
 Telephone: (410) 956-5600 • (Fax) (410) 956-5137

**Transcript Includes:** Up-to-date subject grade performance through high school.

**Cost:** The transcripts cost \$2.00 each.

**Time Note:** Please allow three to five working days to process a transcript request.  
 If you are requesting a counselor recommendation, allow up to fifteen working days.

I, the undersigned, hereby give the Anne Arundel County Public Schools permission to release the records of: \_\_\_\_\_  
 (Print Student's Name Clearly or Name While in School)

School Attending or School Last Attended	
Date Of Birth	Transcript To Be: <input type="checkbox"/> Mailed
Year of Graduation or Year of Withdrawal	<input type="checkbox"/> Hand Carried

Permanent Mailing Address (Number & Street, City, State, Zip)
Daytime Telephone (Area Code & Number)

## Institution Or Organization To Which Transcript Is To Be Mailed

Name
Address (Number & Street, City, State, Zip Code)
Name
Address (Number & Street, City, State, Zip Code)

Name
Address (Number & Street, City, State, Zip Code)
Name
Address (Number & Street, City, State, Zip Code)

If more space is needed please use the other side of this sheet

These records are to be used for the following purpose (s) [ex. Education, Employment]	
Student (Signature)	Date
Parent (Signature)	Date

(Required if student is under 18 years of age)