

# Caesar Rodney High School Transcript Request Form

239 Old North Road, Camden Delaware 19934 - Phone: 302-697-3249 Fax: 302-697-7950

Type of Transcript Requested: Please list the number of copies you require. DATE: \_\_\_\_\_

\_\_\_\_\_ Unofficial \_\_\_\_\_ Official (Official transcripts include signature, date, and school seal in a sealed envelope)

**Cost: \$5.00 Original - \$2.00 for each additional copy**

*No charge for students presently attending/or transferring from CRHS*

## Personal Information & Transcript Release Approval (please print clearly)

Colleges require SAT & ACT scores to be sent directly from ETS.

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last name you graduated with: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ to \_\_\_\_\_ Year Graduated: \_\_\_\_\_ Year Withdrew: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student Signature (Required): \_\_\_\_\_

Send Transcript To: (Please print legibly and include complete address)

Student Pick Up \_\_\_\_\_

Institution: \_\_\_\_\_ Attn: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone No.: \_\_\_\_\_

For school use only:

Archive Box No.: \_\_\_\_\_

CRHS Box No.: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Receipt/Ck No: \_\_\_\_\_