

Richland Center High School Alumnus Transcript Request

If you are an alumnus of Richland Center High School and need a transcript, please use the following form to request a transcript. Each transcript costs \$3.50. After the completion of this form, please send it to RCHS using the address provided below with the transcript fee. **Transcripts will not be processed until all fees have been paid.**

Section A – Personal Information

This is for identification purposes. **Do not** indicate the location where you want your transcript sent in this part!

First Name: _____ **MI:** _____ **Last Name:** _____

Last Name at Time of Graduation _____

Current Address: _____

_____ **Apt #** _____

City, State: _____ **Zip-Code:** _____

Country (*if outside the US*) : _____

Phone Number: _____ - _____
Country Code (if outside US) Area Code Local Number

Graduation Year from RCHS: _____ **Date of Birth:** _____ / _____ / _____
MM DD YYYY

Section B – Sending Information

Please indicate the location where you want your transcripts sent.

Name of Requesting Institution: _____

Mailing Address: _____

_____ **P.O. Box** _____

City, State: _____ **Zip-Code:** _____

Country (*if outside the US*) : _____

☐ I have enclosed a \$3.50 fee with this transcript request.

Signature: _____ **Date:** _____

Please submit to:

Richland Center High School, Transcript Request Department
1996 US-14, PO Box 649
Richland Center, WI 53581 USA.