

## RHS ALUMNI RECORDS REQUEST

Please mail/fax completed form to: RHS Alumni Records Request  
1555 Graham Road  
Reynoldsburg, OH 43068  
Phone: 614-501-1033  
Fax: 614-501-1049

**Please note: Official School Records take up to five school days to process.**  
**You MAY NOT use this form to request a transcript.**

### GRADUATE INFORMATION:

Print Name: \_\_\_\_\_  
(Please include maiden name if applicable.)

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

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

Graduation Year: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email address: \_\_\_\_\_

<b>Document Requested:</b> <small>(Check all that applies)</small> <input type="checkbox"/> Immunizations Records <input type="checkbox"/> IEP/504 Records <input type="checkbox"/> Other _____
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**I give my permission to Reynoldsburg High School to release an Official record to the institution or agency name below:**

Signature of Graduate: \_\_\_\_\_ Date: \_\_\_\_\_

Institution Name: \_\_\_\_\_

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

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

Fax Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ATTN: \_\_\_\_\_

<b>Alumni Records Instructions (please check box that applies)</b>		
<input type="checkbox"/> Mail to Institution address above	<input type="checkbox"/> Fax to number above	<input type="checkbox"/> Graduate will pick up
<input type="checkbox"/> Mail to Business address above	<input type="checkbox"/> Mail to Graduate address above	<input type="checkbox"/> Email to Graduate

\*\*\*\*\* For School Use Only \*\*\*\*\*

Received by: \_\_\_\_\_ Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_

Prepared by: \_\_\_\_\_ Date Mailed: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Emailed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Faxed: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date for Pick-up: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_