

REYNOLDSBURG CITY SCHOOLS



RHS ALUMNI RECORDS REQUEST

Please mail/fax completed form to: RHS Alumni Records Request
7244 E. Main Street
Reynoldsburg, OH 43068
Phone: 614-501-1036
Fax: 614-501-1050

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: _____

Document Requested: (Check all that applies)

Immunizations Records

IEP/504 Records

Other _____

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: _____

Alumni Records Instructions (please check box that applies)

Mail to Institution address above Fax to number above Graduate will pick up

Mail to Business address above Mail to Graduate address above 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: _____