**REQUEST FOR TRANSCRIPT**
**from**
**Colonel Richardson High School**

**Name:**_____
**LAST** **FIRST** **M.I.**

**SSN:**_____-_____-_____ **Date of request:** _____/_____/_____

**Birth date:** _____ **Grad. Year or Year of last attendance**_____

**Mark (x) documents requested:**

- ○ **Transcript**
- ○ **Test scores**
- ○ **Additional documents:** _____

_____

**Please choose delivery method:**

- ○ **SEND TO:** **Name:** _____

  **Address:**_____

  _____

- ○ **FAX TO:** **Name:** _____

  **Fax #:** _____

**ALLOW 5-7 DAYS FOR PROCESSING**

_____
**Signature Required (Student or if under 18, Parent or Guardian)**

**Return by Mail or Fax to:**

**Colonel Richardson High School**
**Guidance Department, Transcript Request**
**25320 Richardson Road**
**Federalsburg MD 21632**

**FAX #: 410-754-7731**

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**SCHOOL USE:**

**Documents released:** _____

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**Date:** _____ **Mailed** ○ **Faxed** ○

**Processor signature/title:**_____