

# Transcript Request Form

To request an official transcript submit this form to student service office at address below:

Ravenna High School  
Student Service Office/Transcripts  
2766 S. Ravenna Rd.  
Ravenna, MI 49451  
FAX to (231) 853-6981 or email to: kkorson@ravennaschools.org

Name \_\_\_\_\_  
(last) (first) (m.i.) (maiden)

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

Date of Birth \_\_\_\_\_ Day Phone Number \_\_\_\_\_

Year of Graduation \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please enter the place or person you want the transcript sent to:**

College/Company/Person \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

FAX \_\_\_\_\_

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Office Use Only:

Date sent: \_\_\_\_\_ Signature \_\_\_\_\_