

# Red Oak High School

# Transcript Request

Mail to: Guidance Office  
Red Oak High School  
2011 North 8th Street  
Red Oak, Iowa 51566

**Please include \$1 for each transcript to cover copy costs and postage**

Phone: (712) 623-6612  
FAX: (712) 623-6613  
NAME:

Today's Date \_\_\_\_\_

**PLEASE PRINT LEGIBLY**

\_\_\_\_\_  
LAST FIRST MIDDLE MAIDEN / OTHER

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Signature \_\_\_\_\_ (required by Federal Law)  
If not 18, must be signed by a parent or guardian

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

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

E-mail \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of birth \_\_\_\_\_ Current Phone \_\_\_\_\_

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Presently Enrolled Yes  No  If No, Date of Last Enrollment \_\_\_\_\_

Send Transcripts Now  Hold for Grades Date to be sent \_\_\_\_\_

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Send \_\_\_\_ copies to: \_\_\_\_\_

Print legibly \_\_\_\_\_  
Name of Institution

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State

\_\_\_\_\_  
zip

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Fax \_\_\_\_ copies to: \_\_\_\_\_

Name of Institution

**Provide Fax #** \_\_\_\_\_

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## OFFICE USE ONLY

Date Sent : \_\_\_\_\_ by \_\_\_\_\_

Amt Paid \_\_\_\_\_