

Transcript Request Form

Return form to:
Rainier School District
28168 Old Rainier Rd.
Rainier OR 97048
Fax: (503)556-1120
monica_rea@rsd.k12.or.us

Name: _____ **Birth Date:** _____ **Grad Year** _____

Phone number to contact you if needed: _____

Please send an OFFICIAL TRANSCRIPT to:

Institution: _____

Institution's Mailing Address: _____

City, State, Zip Code: _____

OR

FAX an UNOFFICIAL TRANSCRIPT to:

Institution: _____

Fax number: _____

Attention to: _____

OR

I will pick up in the office:

OFFICIAL or UNOFFICIAL (circle one)

Number needed _____

Signature: _____ Date: _____

Please allow 3-5 working days for the transcript to be prepared. If there is a deadline, make sure you have enough time for the preparing and mailing of transcript.