

River Road High School Transcript Request

Date: _____

Name: _____ Maiden Name: _____

Date of Graduation: _____ Or date of Withdrawal: _____

Date of Birth: _____

Please mail my transcript to:

College/University: _____

Address: _____

City: _____ State: _____ Zip: _____

OR:

Home Address: _____

City: _____ State: _____ Zip: _____

Please mail or fax this request to: River Road High School
101 W. Mobley
Amarillo, Texas 79108
Fax # 806-383-4296
Telephone # 806-383-1171

Requester's Signature