



Salmon River High School Transcript Request Form

Instructions:

1. **Completely fill out the transcript request form and mail or deliver it to:**

Salmon River High School
PO Box 872
Riggins, ID 83549

Or

Fax Requests to: 208-630-6026
Email Requests to: cereghinos@jsd243.org

2. **NO VERBAL** requests will be processed.
3. **No requests will be processed June 10 through August 15.**

Date _____ Birthdate ____/____/____

Name _____
(Please Print Clearly)

When did you graduate? _____

OR last attend Salmon River High School?
_____ to _____

Previous/Maiden
Name _____

Phone number _____

Address _____

City/State/Zip _____

Number of Transcripts Requested _____

Send to _____

Attention _____

Address _____

City/State/Zip _____

Send Transcript(s)

_____ Immediately

_____ Hold transcript for pickup by requestor

_____ Hold for pickup **to be picked up by:**

Type of Transcript needed:

- _____ Personal
_____ NCAA # _____
_____ Official for Employment
_____ Official for College
_____ Scholarship (sealed) # _____
_____ Military

Name (Please Print Clearly)
(ID required to pick up)

Student Signature _____ Date _____

FOR OFFICE USE: Date Request Received: _____ Date Transcript Sent: _____