TRANSCRIPT / IMMUNIZATION
RECORDS RELEASE AUTHORIZATION

Riverside Brookfield High School

Former Students

NAME: _____
FIRST **MI** **LAST**
(While you were attending RB)

BIRTHDATE: _____ **TODAY'S DATE:** _____

PHONE NUMBER: _____ **CLASS OF:** _____

ACT/SAT scores are not included on transcripts for students graduating after 2001. I understand it is my responsibility to submit these directly.

I understand that I must allow up to five (5) school days for an official transcript to be processed.

Go to act.org for ACT scores and collegeboard.com for SAT scores.

Fill out the left side for transcripts and the right side for immunization records.

I authorize Riverside Brookfield High School to forward my official

TRANSCRIPTS
TO: _____

_____

CITY/STATE/ZIP:

_____

STUDENT'S SIGNATURE:

_____

IMMUNIZATION
RECORDS TO: _____

_____

CITY/STATE/ZIP:

_____

STUDENT'S SIGNATURE:

_____

I have attached $3.00 for each request.

_____ Total number of transcripts / immunization records requested.

$ _____ Total amount attached.

THIS SECTION TO BE COMPLETED BY RBHS:

Date received
from student: _____ Date Mailed: _____