## Rogers New Technology High School 2922 South First Street Rogers, AR 72756 (479) 631-3621



## TRANSCRIPT REQUEST

Instructions: PRINT CLEARLY and complete ALL sections of this form.

Paid:

Receipt given by: \_

- 1. Pay \$2.00 for Transcript or \$5.00 for Photo Transcript per copy—No charge for Senior transcripts
- 2. You will be notified by email when transcripts are ready to pick up

## Learners who are NOT 18 MUST have a parent sign this form

Learner Name	Learner ID		Date of Birth	Grade		
Email Address:	P	Phone:				
If your name has changed, print former n	name					
If not currently enrolled, list last year atto	ended or fil	or fill in graduation year				
Number of copies requested	Would you like an Of	Would you like an Official transcript (in sealed envelope)				
Include ACT Scores(Y/N):	Do you need a photo attached	(Y/N):				
How to Send- Fill out only what ap	plies					
Will you pick up (Y/N):						
Please note: When faxing we must have	the name of the school or person	on we are fax	ing it to and the 10d	igit fax numb		
Fax to:	Fax number:					
Email address if email is requested:						
Mail to (College, University, or Scholars	ship Name)					
Mailing Address of College (If address	not provided, transcript will no	ot be mailed)				
Mailing Address of College (If address	not provided, transcript will no	ot be mailed)				
Mailing Address of College (If address City	not provided, transcript will no	ot be mailed)  Zip				
			Date			