

Riverton High School

Senior Student Transcript Request

Counseling Department

Linda Wassom

7120 SE Hwy 70 Riverton, KS 66770

Fax: 620-848-3609 Phone: 620-848-3388 ext. 2323

Print this form, fill in the requested information and turn it into Mrs. Wassom (or) fill it out electronically and e-mail it to lwassom@usd404.org

I request that my transcript and test scores to be sent to the following schools:

Please list address and name of school(s):

(addresses are not necessary if requesting local schools such as PSU, MSSU, etc...)

1. _____

2. _____

3. _____

Student Name

Date

Staff Signature and Date Sent:
