

C.R.L.S. Transcript Request Form

To obtain a transcript *unofficial/official* sent to a school or agency on your behalf, please complete this form and mail it to: **Cambridge Rindge & Latin School, Transcript Request, 459 Broadway, Cambridge, MA 02138**, or you can **FAX** this form to **617-349-6699**. Any questions you can call me at **617-349-6697**. *I also can be reached at jkuropatkin@cpsd.us.*
Please allow 7 days after receipt for processing.

Section 1: Student Information

Today's Date	Maiden Name (Please print)	Last Name (Please print)	First Name (please print)

Current Street Address <small>(Please Print)</small>	City <small>(Please Print)</small>	State <small>(Please Print)</small>	Zip Code	Phone Number

DATE
Pick one

SCHOOL ATTENDED,
Check one

Year of Graduation	Withdrawal	Cambridge High & Latin	Rindge Technical	Cambridge Rindge & Latin	Date of Birth

Section 2: Schools and/or Agency/job to receive Official Transcript

School/Agency Name	Street Address	City	State	Zip Code

FAX Transcripts with FAX Seal to Schools/Agency

School/Agency Name	Contact Person's Name	FAX telephone #

I automatically send an unofficial copy of your transcript sent to your home address.

Please note that official transcripts can only be sent to schools or agencies directly in order to maintain the integrity of the document.

<i>Your signature authorizes us to release your transcript to schools/agencies listed above</i>	<i>Date</i>

Date Received	Processed Yes or No	Date Processed if Yes	Reason if not processed:	Follow up notes if not processed	Initial