



# Rialto Adult School

## Transcript Request Form

To request an official transcript, please fill in this form completely.

Processing time may take up to 2 business days. Our office will call you when your transcript is ready. Transcripts must be picked up in person with picture ID.

Please note: If you did not complete any credits at RAS, we will be unable to provide an official transcript.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone number: (\_\_\_\_\_) \_\_\_\_\_ — \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Date Attended: \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you a graduate of Rialto Adult School:  Yes  No

If yes, what year did you graduate: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_