

# RUTHERFORD HIGH SCHOOL



## REQUEST FOR OFFICIAL TRANSCRIPT

NAME: \_\_\_\_\_  
(LAST) (FIRST) (MAIDEN)

STUDENT ID OR SSN: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_ GRADUATION DATE: \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**\$3.00 PER COPY**

SEND TO: \_\_\_\_\_ NUMBER OF COPIES: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TO BE INCLUDED WITH TRANSCRIPT:  
PLEASE CHECK ALL THAT APPLY ✓:

BIRTH VERIFICATION: \_\_\_\_\_ SHOT RECORDS: \_\_\_\_\_  
SOCIAL SECURITY VERIFICATION: \_\_\_\_\_ TRANSCRIPT: \_\_\_\_\_  
LETTER OF ENROLLMENT: \_\_\_\_\_

**PLEASE ALLOW 5 BUSINESS DAYS FOR PROCESSING**

\*IF YOU WOULD LIKE TO PAY BY CREDIT CARD, PLEASE GO TO  
[HTTP://OSP.OSMSINC.COM/BAY](http://osp.osmsinc.com/bay)

FAX, MAIL, OR EMAIL THIS FORM, COPY OF PHOTO ID, AND PAYMENT  
(IF NOT PAYING ELECTRONICALLY) TO:

RUTHERFORD HIGH SCHOOL  
REGISTRAR  
1000 SCHOOL AVENUE  
PANAMA CITY, FL 32401

FAX NUMBER: 850 872-4524  
EMAIL: [WHITAKB@BAY.K12.FL.US](mailto:WHITAKB@BAY.K12.FL.US)

FOR ADDITIONAL INFORMATION PLEASE CALL 850 767-4512