



REQUEST FOR
OFFICIAL TRANSCRIPT

Clayton Ridge High School

(Formerly Garnavillo/Guttenberg)

Current Name: _____

Name at time of Attendance: _____

Current Address:

Phone Number: _____ Date of Birth: _____

Month/Year of last attendance/graduation: _____

Did you graduate: Yes _____ No _____

Address(es) where you want transcript mailed:

Date: _____

Signature of Student (Parent or Guardian if Under 18) ****REQUIRED****

Email address (confirmation will be sent when transcript is mailed)

Fax to: 563.252.2656 or Email to: jhansel@claytonridge.k12.ia.us

Or Mail to: Clayton Ridge High School; Attn: Julie Hansel; P.O. Box 520; Guttenberg, IA 52052