



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](mailto:jhansel@claytonridge.k12.ia.us)

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