



GRAND RIVER TECHNICAL SCHOOL

1200 Fair Street
Chillicothe, MO 64601
660.646.3414
Fax: 660.646.3568

Transcript Request Form

Official Transcripts are to be prepared by a GRTS Counselor

Please send my official Grand River Technical School transcript to:

Student Information:

Name: _____

Date of Birth: _____

Current Phone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name while enrolled at GRTS (if different from above): _____

Program Graduated From: _____

GRTS Graduation Year _____

By checking this box, I, GRTS former student, acknowledge that I am electronically signing the Transcript/Records release to allow GRTS the ability to forward my transcript/records to the specified school/business/individual.

Student Signature: _____ Date: _____

Note:

- Requests may be emailed to dpeery@grts.org , faxed to 660-646-3568, mailed to 1200 Fair Street, Chillicothe, MO 64601, or dropped off at the main office M-F.
- If request is made by a 3rd party, anyone other than the student, the student's actual signature must be acquired.