

SHARPSVILLE HIGH SCHOOL
301 BLUE DEVIL WAY
SHARPSVILLE, PA 16150
Fax: 724.962.7730 Phone:724.962.7861

REQUEST FOR TRANSCRIPT

Name: _____ Date: _____

Maiden/Former Name (if applicable): _____

Date of Birth: _____

Year of Graduation/Withdrawal: _____

This is to request a transcript of my high school record which may include the following information: Grades, Attendance, Class Rank, Cumulative Grade Point Average, College Entrance Exam Scores (i.e.: SAT, SAT II, ACT) and the *PSSA* (Pennsylvania System of School Assessment) results, to the following named educational institution, firm, organization or individual.

Please list the Universities, Colleges or Businesses to which the transcript is to be sent, along with their addresses below:

***State regulations require that 11th grade PSSA test results and or 12th grade PSSA Retest results be recorded on a student's transcript. Regulations also provide for parents (or students over the age of 18) to withhold this information from being released with the transcript.**

Please indicate your choice with your signature on the appropriate line.

_____ I give my permission for the PSSA scores to be released.

_____ I do NOT give my permission for the PSSA scores to be released.

I authorize the release of my transcript:

Student Signature (if 18 or older) _____

Parent Signature (Required if student is under the age of 18): _____

Please mail or fax this form back to the address or number at the top of this page, Thank You.

GUIDANCE OFFICE USE ONLY

Date Sent: _____

Date Received: _____

Staff Initial: _____