

ALUMNI TRANSCRIPT REQUEST FORM

Palmyra Area High School
Guidance Office
1125 Park Drive
Palmyra, PA 17078
Phone: 717-838-1331, #1 then #2
Return by Fax: 717-833-5000 or Postal mail

ALUMNI INFORMATION

Name: _____ Maiden Name (if applicable): _____
(Please Print)

Address: _____ Date of Birth: _____

Graduation Year: _____ or Last Year Attended: _____

Daytime Phone: _____ Email: _____

REQUEST TYPE

Please check all that apply:

- I need an **OFFICIAL** transcript (with school seal and in a sealed envelope) to be mailed directly to a college, university, recruiter, etc. Note: **OFFICIAL** transcripts can only be sent directly from Palmyra Area High School. Please mail official transcript to:

- I need an **UNOFFICIAL** transcript. **UNOFFICIAL** transcripts can be faxed, emailed, mailed, or picked up at the high school.

_____ Please hold for pick up in the main office at PHS.

_____ Please fax to: _____ Attn: _____

_____ Please email to: _____

_____ Please mail to: _____

Student Signature and permission to release: _____ Date: _____

**NOTE: Please allow 10 school days for processing (from the date the request is received in our office).
All request forms must be filled out completely in order to be processed.
All transcript requests must be made by the student & include this form (NO phone requests).**

Office Use Only: _____ Date Rec'd _____ Date Sent _____