

**GRADUATE
TRANSCRIPT / RECORDS REQUEST**

Name _____ Maiden Name _____

Phone # _____ Date of Birth _____

Year of Graduation _____

Official Transcript _____ Unofficial Transcript _____

Please note that *official* transcripts can only be sent to schools and places of employment.
An *unofficial* transcript may be obtained by the student.

TO WHOM SHOULD TRANSCRIPT BE SENT?

FEE: \$2.00 CASH _____ CHECK _____

SIGNATURE: _____

PLEASE allow up to two weeks for processing. There is a \$2.00 processing fee for former students who are out of school more than one year. Please mail the form and the \$2.00 fee (if applicable) to:

Shaler Area High School
Registrar's Office
381 Wible Run Road
Pittsburgh, PA 15209

Date Received: _____ Date Processed: _____