

ALUMNI TRANSCRIPT REQUEST FORM

Please mail **COMPLETED** transcript form to:

Avon Grove High School
Attn: Guidance Department
257 E. State Road
West Grove, PA. 19390

Please fax **COMPLETED** transcript form to:

Avon Grove High School
Guidance Department
1-610-869-0694 (fax number)

Date of Request: _____

Last Name: _____

First Name: _____

Maiden: _____

Date of Birth: _____

Social Security: ___ - ___ - _____

Daytime Telephone Number: _____ or Email Address: _____

****One form of contact information is required**

Year of Graduation: _____

Include PSSA Scores (if > Class of '03): Y N

Mail to: _____

Signature

Date

I give the Guidance Office permission to send my high school transcript.

All official transcripts will be **mailed** directly to the Employer or College. *Allow 7 business days for processing.

Please contact our office **at 610-869-2446 ext 2** with questions or concerns.