

HAVERFORD HIGH SCHOOL GRADUATE TRANSCRIPT REQUEST FORM

Name: _____

Year of Graduation: _____

Date of Birth: _____

I hereby give Haverford High School permission to release my academic records, standardized test scores and attendance records to the institution listed below.

Student Signature and Date

Please accurately write the address that you would like your transcript sent to:

Name of School: _____

Attention: _____

Address: _____

Please note: There is a \$2.00 fee for each transcript sent.

Office Use only:

Date Received: _____ Date Mailed: _____ Fee Paid: _____