



Mt. Lebanon High School

School Counseling Office

155 Cochran Road
Pittsburgh, PA 15228
412-344-2053
412-344-2062
412-344-2028 (fax)

GRADUATE TRANSCRIPT REQUEST

Most transcripts can be processed in 24 hours with complete information.

Transcripts can be sent via USPS, email or fax.

Print clearly.

Use the back of this form if additional space is needed.

<p>An <u>OFFICIAL TRANSCRIPT</u></p> <ul style="list-style-type: none"> • May be sent directly to a university or employer • Must remain in sealed envelope if graduate is forwarding the transcript <p>Number of official transcripts:</p> <p>_____</p>	<p><u>\$3.00 per transcript</u></p> <p>Make check payable to:</p> <p><i>Mt. Lebanon School District</i></p>	<p>An <u>UNOFFICIAL TRANSCRIPT</u></p> <p>Will not have a signature or school seal</p> <p>Number of unofficial transcripts:</p> <p>_____</p>
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The following information is necessary for processing transcripts accurately. To ensure that we meet your deadline, **please print clearly**.

Graduate Name _____

Name while attending MTLHS: _____ DOB: _____

Phone: _____ Email Address: _____

Signature _____

Year of high school graduation **or** when *last attended* Mt. Lebanon High School: _____

Please send my transcript to the following:

Name of Institution: _____

Mailing Address: _____
Street Address *City, State, Zip Code*

Fax Number: _____ Email Address: _____

Name of Recipient: _____

****Contact addressee to confirm receipt. ****

For Office Use Only	
Date Received: _____	Date Completed: _____
CHECK NO. _____	